healthwatch
Central West London

Healthwatch Central West London

Charing Cross Hospital: Experiences of Today, Questions for Tomorrow

February 2018

Contents

1. Introduction

The continued uncertainty around the future of Charing Cross Hospital has been raised repeatedly by residents to Healthwatch Central West London.

Discussions about future models of healthcare and what this means for Charing Cross Hospital have been dominant in the London Borough of Hammersmith and Fulham and more widely for many years both on the ground and on a strategic level.

This report provides patient views on the future of Charing Cross Hospital and their experiences of using the hospital. We heard very strongly that residents want to be at the heart of the way health and care services are being shaped and delivered.

It is not the purpose of this report to either record or analyse the history of this debate, nor to explore its socio-political manifestations and implications but we hope that our findings will be used to inform these discussions.

Healthwatch CWL carried out specific work around Charing Cross during October and November 2017 that included:

- Submission of questions to Hammersmith & Fulham Clinical Commissioning Group; Imperial College Healthcare NHS Trust; and North West London Collaboration of Clinical Commissioning Groups. A joint response to these questions was received on 9th November 2017.
- Outreach survey work to collect outpatients' experiences of using Charing Cross Hospital and their views on its future. In total, 218 surveys were collected over four full days, morning and afternoons: Friday 17th, Tuesday 21st, Wednesday 22nd and Thursday 23rd November 2017.

The report focuses on analysing the joint response from Imperial College Healthcare NHS Trust (ICHT) and North West London Collaboration of Clinical Commissioning Groups (CCGs), and the survey responses.

The report aims to:

- Build a comprehensive picture of the current situation at Charing Cross Hospital, captured within the timeframes that our project work took place.
- Provide patients' views and experiences for key decision makers, responsible bodies, as well as residents and groups to inform their position and future actions.

Main themes explored are:

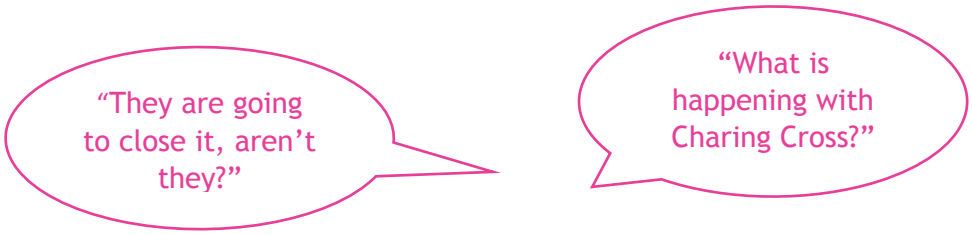
- Patient involvement in the future provision of Charing Cross Hospital.
- Patient experience of the hospital in terms of
    - a) treatment,
    - b) communications with staff,
    - c) waiting times, and
    - d) travel distance.
- Evaluating the importance of Charing Cross Hospital for patients.

- Exploring patients' perceptions of ‘local hospital’ definition.
- Testing patient preference of using ‘out of hospital’ services.

This report was presented as a draft to the Hammersmith and Fulham Health, Adult Social Care and Social Inclusion Policy and Accountability Committee (PAC) meeting on the 30th January. Slight amendments have been made to this final version to include this and reflect comments received. The Committee welcomed the report and recommended that it should be presented to the Board Meetings of Imperial College NHS Healthcare Trust Board and Hammersmith and Fulham CCG and at the Joint Health and Social Care Scrutiny Committee.

2. Methodology

A key aspect of Healthwatch Central West London's work is to provide information to the public about healthcare and changes in local provision. We also listen to people's experiences of accessing healthcare and whilst doing this we have heard concerns about the future provision of Charing Cross Hospital from residents on a number of different occasions.



To help local people get the answers they need, we put forward questions regarding the future of Charing Cross Hospital to the relevant responsible bodies.

The questions were formulated in collaboration with the Healthwatch Local Committee in Hammersmith and Fulham. Local Committee members submitted their questions by e-mail and in a special meeting held on Friday 4th August 2017. Further changes to questions occurred through e-mail communications in which Healthwatch representatives at Imperial College Healthcare Trust were also included.

The questions covered the following themes:

- Communications and Involvement
- A&E and Wider Services
- Beds, community services and accessibility
- Charing Cross in the national context
- Funding
- Technical infrastructure

The questions were submitted directly in writing to Hammersmith and Fulham Clinical Commissioning Group; Imperial College Healthcare NHS Trust; and North West London

Collaboration of Clinical Commissioning Groups on the 5th October 2017. By law organisations who plan, run, and regulate health and social care services must listen to our comments and respond within 20 working days.

On 6th November 2017 we received a joint response addressing most of the questions signed by Imperial College Healthcare Trust and North West London Collaborative of Clinical Commissioning Groups. We received the outstanding responses on Thursday 9th November 2017.[1]

Along with their response, Imperial College Healthcare Trust informed us that it was organising a public event on 27th November 2017 with special focus on Charing Cross Hospital. We believe that this was an immediate outcome of Healthwatch pointing out local concerns and uncertainty of the future of Charing Cross.

Following this, we designed a survey to collect people's experiences of using Charing Cross Hospital and their views on its future.[2] As a main reference point for the design of the survey we used the joint response received. We asked people to complete the survey during outreach at Charing Cross Hospital where we held a stall on the 1st floor for four full days: Friday 17th, Tuesday 21st, Wednesday 22nd and Thursday 23rd November 2017.

We collected a total number of 218 responses from outpatients, with an average of 50 each day.

The survey focused on the following themes:

- Identifying patients geographical spread.
- Capturing patient experience of the hospital in terms of
    - a) treatment,

[1] To read the questions and the joint response go to Appendix a, p. 27
[2] To read the survey questionnaire go to Appendix b, p. 45

    - b) communications with staff,
    - c) waiting times, and
    - d) travel distance.
- Evaluating whether and why Charing Cross is important for patients.
- Testing patient preference of using “out of hospital” services.
- Exploring what turning Charing Cross into a “local hospital” means for patients.
- Identifying if patients want opportunities to be involved in shaping the future of the Charing Cross Hospital.

The survey statistics include “no answer” data, as in some cases patients chose not to respond to all the questions. When appropriate, this information has been included in the data, as it helps to build the picture of how patients currently view and experience Charing cross Hospital.

Most of the people we surveyed identified themselves as patients (85.4%), although a small percentage identified themselves as carers (6.85%) and visitors (7.3%). For the purposes of this report, when we refer to patients, we refer to everyone surveyed.

We have also collected demographics and these are available on request.

3. Summary and Key Findings

As outlined in the introduction, this report aims to build a comprehensive picture of the current situation for Charing Cross Hospital that will provide stakeholders with evidence about patients' views and experiences to help them inform their future decisions and actions.

The main findings that this report focuses on analysing in the following chapters are:

- **Patient Involvement:** Patients want more opportunities to be involved in shaping the future of Charing Cross Hospital.
- **Patient Experience of Charing Cross on the Day:** Patients are extremely satisfied overall with their experience, especially in terms of satisfaction of treatment and staff communication.
- **Patient Information:** Patients are confused about the definition of what a ‘local hospital’ might be and want more information to help them inform their position.
- **Patient Perception of Charing Cross:** Patients value Charing Cross Hospital for both its services and its role in the community.
- **Patient Preference on Out of Hospital Services:** Patients would prefer to continue using Charing Cross Hospital instead of their GP practice.

Our analysis also takes into consideration patient flow. It shows, where appropriate and possible, distinctions between all patients, those living in the STP North West London area and Hammersmith and Fulham residents.

When we refer to patients in this report, we are referring to outpatients. We acknowledge in both the introduction and methodology chapters that surveying inpatients or patients waiting for A&E treatment could provide different results.

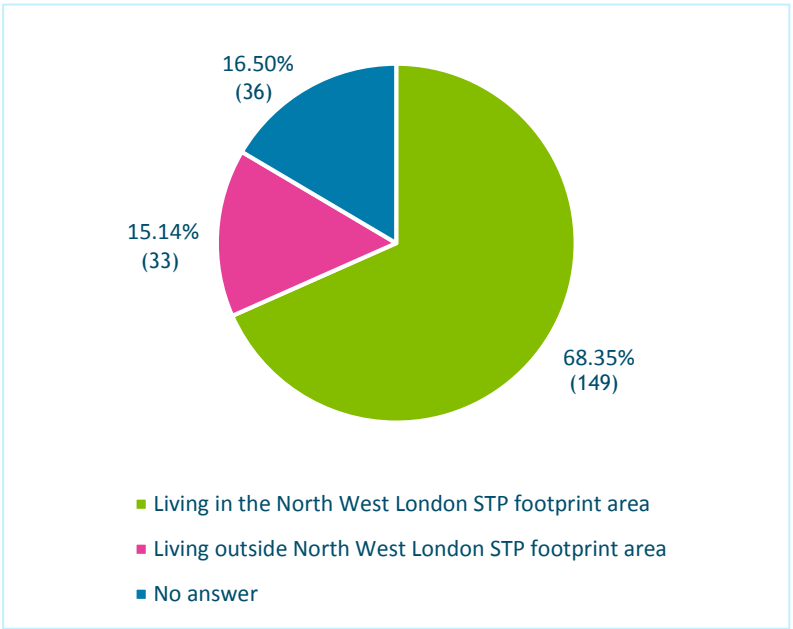
The main finding of this report is the high number of people indicating that they would like opportunities to be involved in the future of Charing Cross Hospital and what type of provision it might be after 2021.

Further findings on a) positive patient experience, b) the importance that Charing Cross Hospital has for patients, c) the need to clarify what is meant by "local hospital", and d) further work on understanding patients' preference for out of hospital services provide useful information that stakeholders can explore to ensure patient involvement can happen at an early stage.

4. Patient Flow

Healthwatch Central West London's role is to capture patient experience of people using services in Royal Borough of Kensington and Chelsea, City of Westminster and Hammersmith and Fulham. This includes all patients that are using health or social care services that are based within these Boroughs, regardless of whether they are local residents.

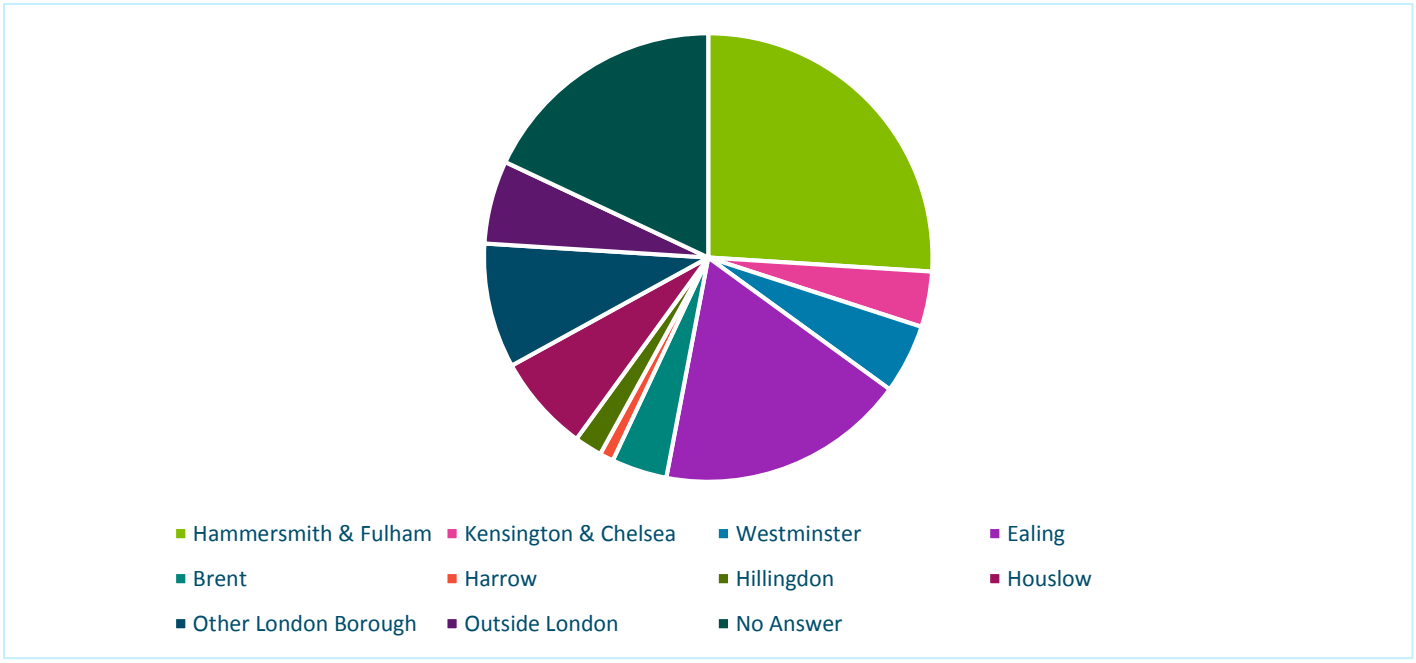
To get a better understanding of who uses Charing Cross Hospital, we asked the patients we spoke to provide us with their home postcode where possible.

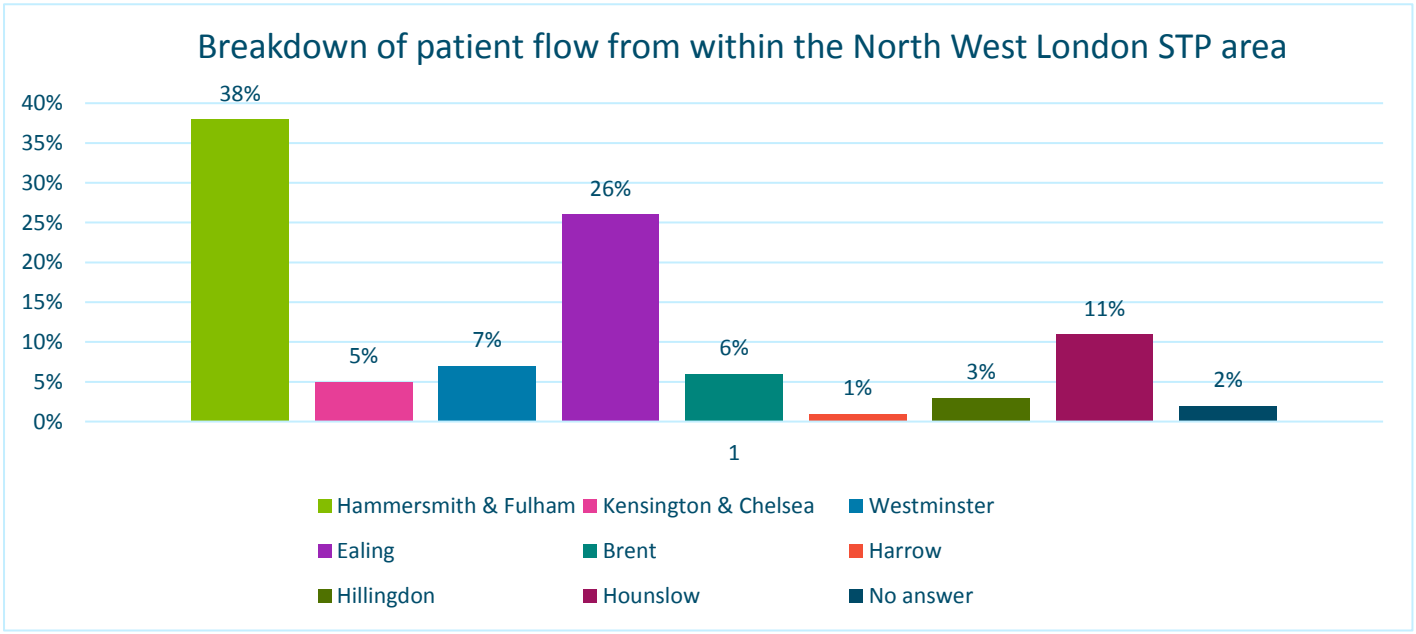


As we can see in the pie chart, although most patients lived within the STP North West London area (68.35%), a significant number visiting Charing Cross Hospital on the days we were there, live either in other parts of London or across the country (15.14%).

This could indicate that the future of Charing Cross Hospital will be of wider interest than local and North West London stakeholders.

The pie chart below provides a better sense of the geographical distribution of patients.





This diagram, focused on patients from within the North West London STP area, shows that patients came mainly from Hammersmith and Fulham (37%), followed by Ealing (26%) and then Hounslow (11%).

The results of the survey do not change dramatically when we look at patient experience according to a breakdown of areas (Hammersmith & Fulham, North West London STP area and all patients surveyed). However, where appropriate the report breaks our findings down to different areas for comparison.

5. Analysis of findings

A) Patients ask for involvement

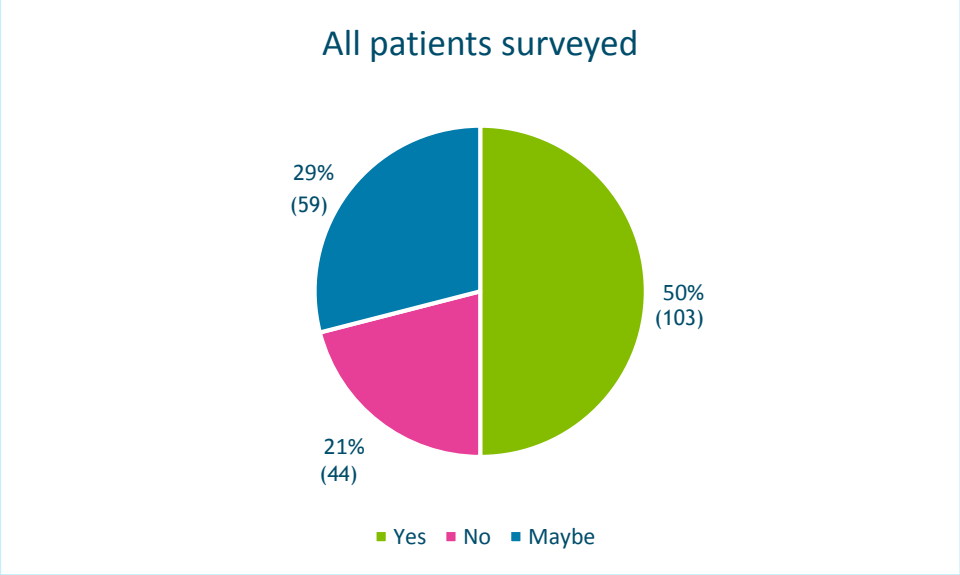
Our survey highlighted Imperial College Healthcare NHS Trust (ICHT)'s position that no changes are going to happen until 2021 and asked patients if they would like to be involved in shaping the future of Charing Cross Hospital. The main finding of this report is that a high number of patients responded yes and requested involvement opportunities.[3]

What did patients tell us about involvement in the future of Charing Cross Hospital?

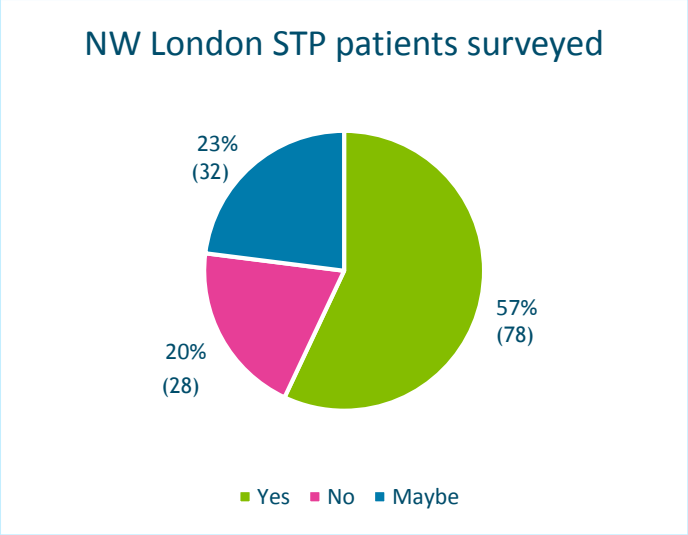
From the 218 people surveyed, of those who answered the question on whether they would like opportunities to be involved in the future of Charing Cross Hospital (206), 50% said they would like opportunities to be involved; 29% said maybe and 21% said no.

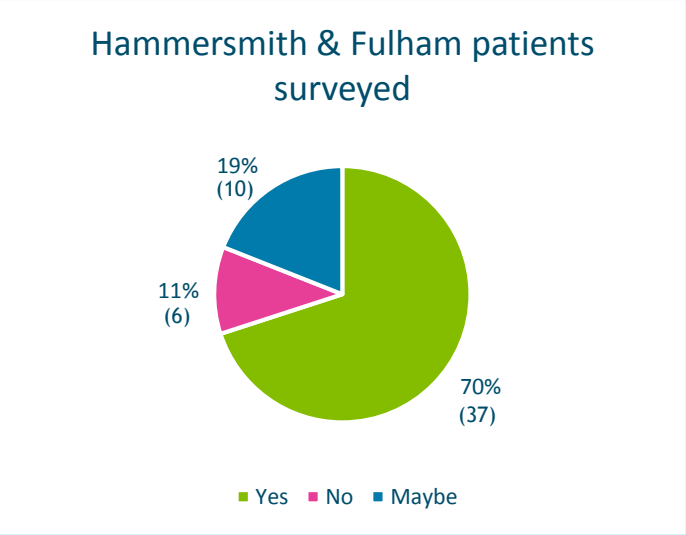
The numbers rise slightly when the question is applied to patients living in the STP North West London footprint area; 57% yes, 23% maybe and 20% no.

Looking specifically at the data from Hammersmith & Fulham, the request for involvement rises, with 70 % saying that they would like opportunities to be involved, 19% maybe, and 11% replying no.



[3] Appendix b, Question 8, p. 46





In addition, from the 218 people surveyed, 16% (35) said that they would be happy to be contacted by Healthwatch for a face-to-face or phone interview to talk more about their experiences of Charing Cross and share their views on its future.

What did ICHT and North West London Collaborative tell us about plans for public involvement in the future of Charing Cross Hospital?

In their joint response, ICHT and North West London Collaborative clearly stated that they want to engage and involve patients for future developments. ICHT organised an event on Monday 27th November 2017 to inform patients about their current position on Charing Cross and they said that a series of events will take place in 2018 to mark 200 years since the birth of Charing Cross Hospital.

The joint response emphasised a need for public engagement and referred to the communications and engagement plan that has been put forward by Hammersmith and Fulham CCG (Appendix a., p. 29). However, the response also pointed out that engagement with patients specifically around Charing Cross has been put on hold until plans are unveiled (Appendix a., p. 34).

In addition, Imperial is part of a collaboration of organisations – the Hammersmith and Fulham Integrated Care Partnership – that is working together to develop "a radically better way of providing care for the population of Hammersmith and Fulham through an integrated/accountable care approach" (Appendix a., p. 38). Healthwatch CWL is also represented part of this collaboration. Based on the data gathered through our survey, we suggest that more information is required to ensure that residents can be fully aware of this partnership, how it works and how people can be involved. In addition, patients from different sectors of the community should be invited to participate and help shape this partnership. The results from our outreach should encourage stakeholders to involve patients at this very early stage in the future of Charing Cross Hospital.

The following chapters provide more information on the elements that could be considered in a new patient involvement plan for the future of Charing Cross Hospital.

B) Patient Experience

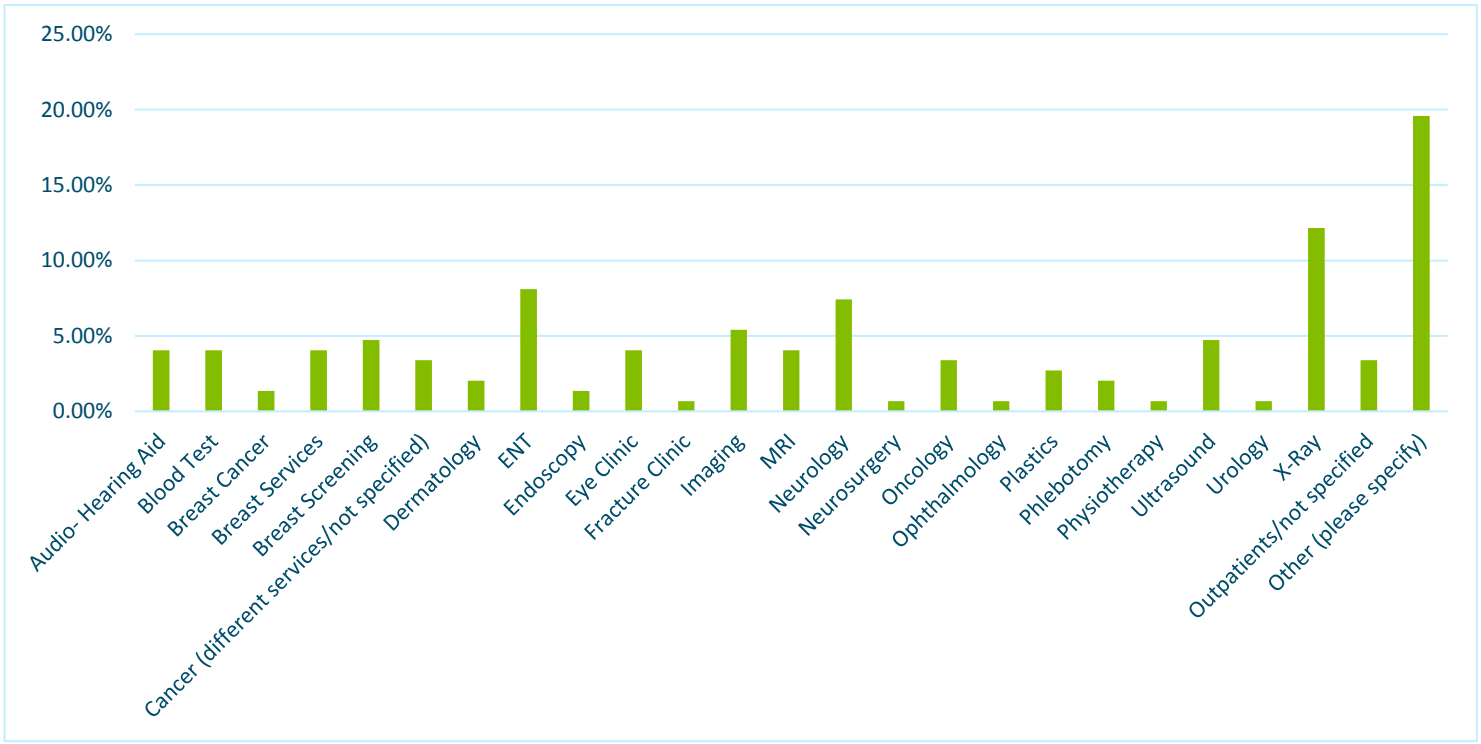
We asked patients to share their experiences of using services in Charing Cross Hospital on the specific day that they visited the Hospital[4].

Patients were invited to tell us how satisfied they were with their experience of using the hospital in four different categories:

- the time they waited to be seen,
- the distance they had to travel to get to the Hospital,
- the treatment they received,
- the communication from staff members.

Most patients said they were “extremely satisfied” with their experience overall. This was followed by high levels of “very satisfied” or “satisfied”. Very few people chose “not satisfied” or “not satisfied at all” in all cases.

The patients we met on the days of the survey were at the Hospital to use a variety of different services and specialist support, such as ENT, breast screening, neurology, audio-hearing, attending mainly regular or pre-scheduled appointments with different referrals times, varying from one day to more than 6 months.



[4] Appendix B, Question 4, p. 45

Treatment and communication from staff

As is evident from the data shown in the table on page 13, the two areas that scored particularly highly in the "extremely satisfied" option are communication from staff (58%) and treatment received (59.36%).

Nearly 90% of patients said they were satisfied with their treatment and the communication they had with staff; whilst no patient chose the "not satisfied at all" option with regards to their treatment.

The results complement the Care Quality Commission (CQC)'s recent report that found outstanding practices in Charing Cross Hospital: "*Without exception, patients told us they were treated with kindness, dignity, respect and compassion. There was a high standard of care provided for patients on the medical wards, and we saw that staff went to great lengths to respect and accommodate the wishes of patients and their loved ones. There was a strong, caring and visible-centred culture, which was fully rooted on all the medical wards visited*".[5]

The quantitative data is complemented by comments made by patients, some of which are listed below.

Comments made by patients on treatment and staff:

"Very efficient, friendly staff and was seen immediately even though I was early."

"The staff and doctors are always kind, courteous and helpful. Couldn't ask for more!"

"Friendly, professional, approachable staff."

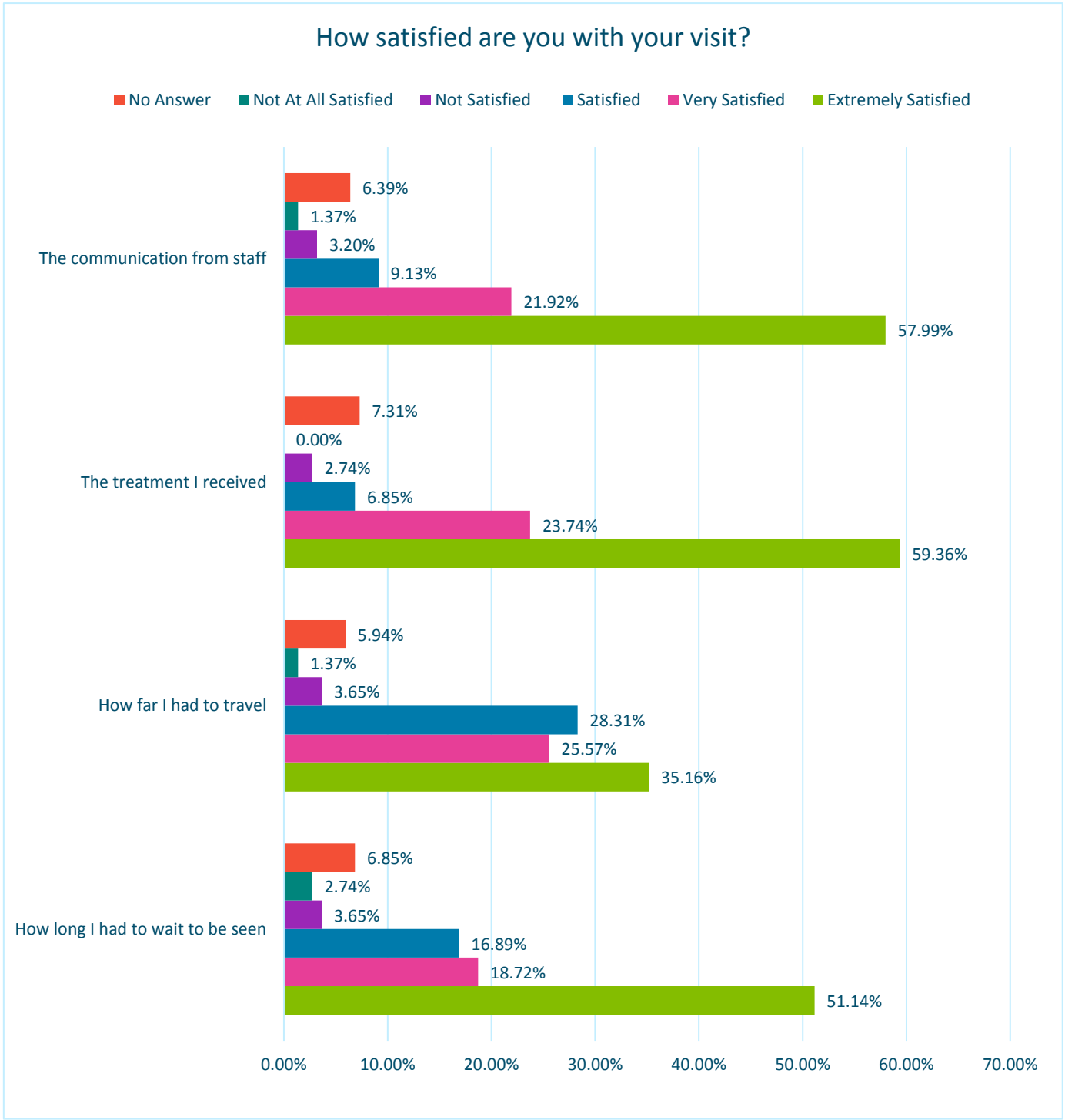
"The atmosphere at Charing Cross is very nice, comforting."

"The treatment care and expertise I have received through a really difficult time by the Neurology and stroke teams has been excellent."

"The professionalism of the specialist nurse is superb."

"Impressive and consistently high standard, well done Charing Cross."

[5] Charing Cross Hospital Quality Report, Date of inspection visit: 7th-9th March 2017, Date of publication: 19/10/2017, p. 4



Waiting times

In this report, patient satisfaction about the time waiting to be seen refers to the time from the moment they arrived at the hospital to when they were seen. As shown in the table on page 12, the levels of satisfaction are high, with 75% of patients saying that they were extremely, very or just satisfied. However, as we saw from our question on treatment received, most appointments were regular appointments or pre-scheduled, and this will have a bearing on responses. Further work and analysis on patient referrals could be done by ICHT to look at the waiting times for outpatients.

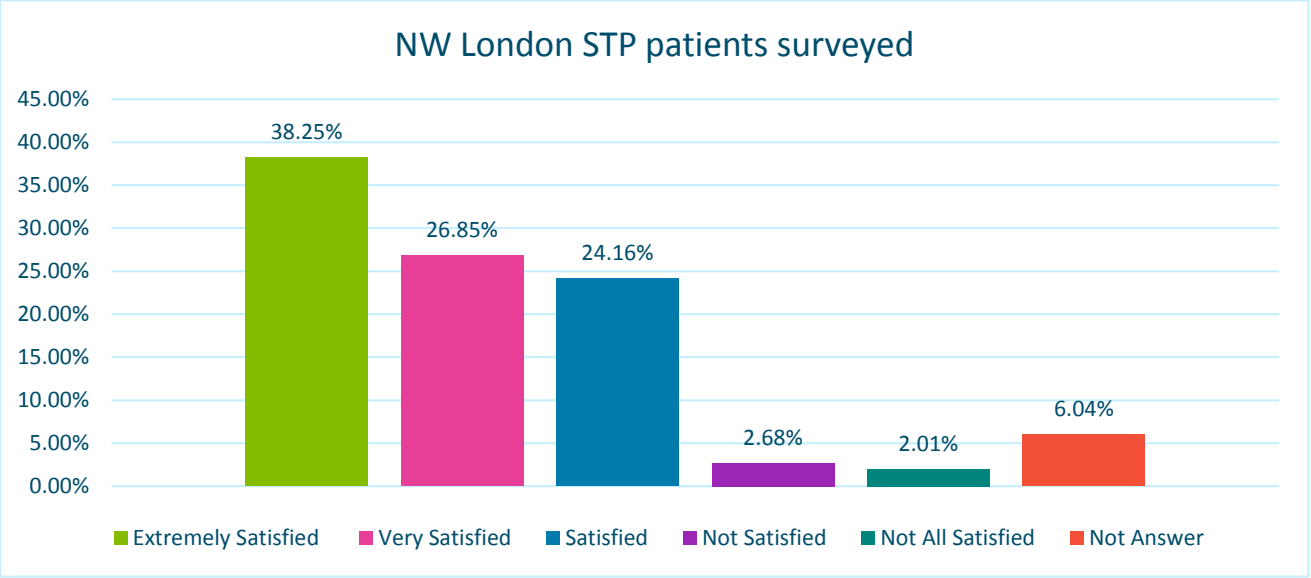
The only question for which the “extremely satisfied” option scores below 50%, at 35.16%, was about patients' feelings regarding the time they had to travel. Even for this question it was the highest scoring choice. The overall levels of satisfaction reach nearly 90%.

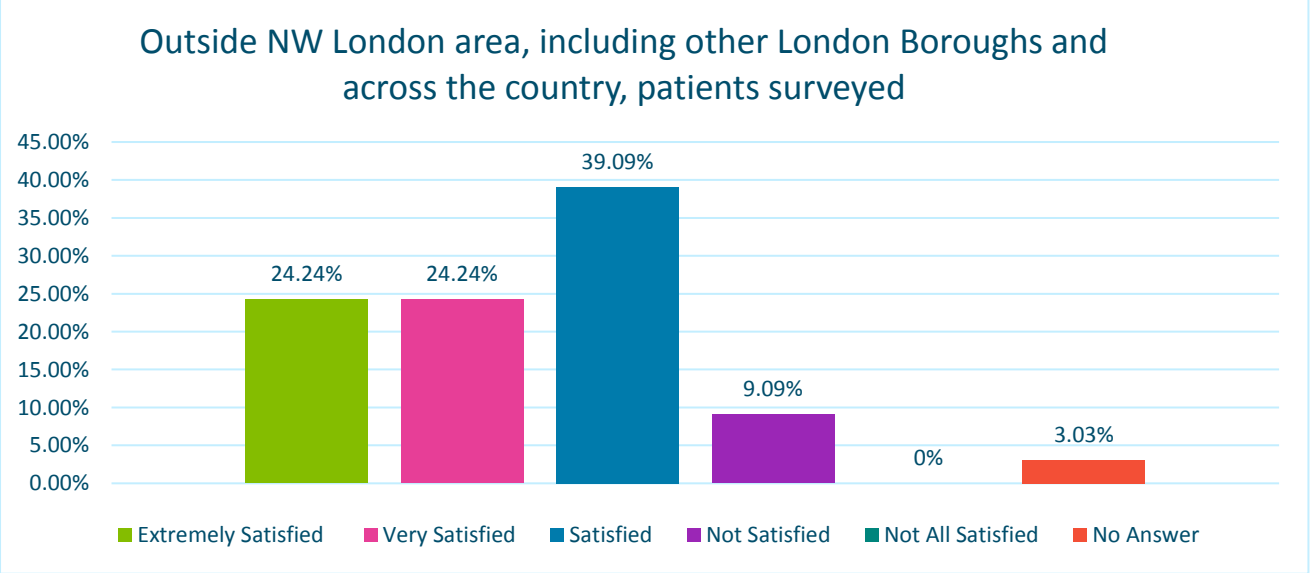
Travel distance

Looking at the data gathered for this question for within the North West London STP area and residents outside that area (other London Boroughs and across the country) separately, there is a slight difference but not as high as might be expected. This may imply that travel distance is not necessarily experienced according to miles, but rather is open to personal interpretation and may also be related to the quality of the experience.

As one patient put it:

“It's so good. Oncology. Moved out of London and come 30 miles-that's how important it is.”





However, there will always be room for improvement. Despite the high levels of patient satisfaction outlined in this chapter, we identified the following two areas that ICHT could look at more closely.

- **Concerns about levels of cleanliness in the inpatient units**

As we have already highlighted the survey was done with outpatients. However, we received a few comments and concerns from people who were either visiting a family member in the inpatient unit or have recently used the inpatient units about the levels of cleanliness.

- **Lack of appropriate signage for outpatients**

During our outreach, a high number of patients who completed our survey were people who had initially asked us for directions to the Clinic where their appointment was. This was due to a lack of proper signage on the 1st floor for outpatients.

C) Importance of Charing Cross Hospital for Patients

The picture of positive patient experience demonstrated in the previous chapter is complemented by comments received by patients about their general experience of Charing Cross Hospital.

> *"Charing X is one of the best hospitals in the world. Expertise and the care was outstanding. It works to prevent and tackle the illness. Brilliant at coordinating treatment in the hospital"*

Patients were asked to indicate what was important for them about Charing Cross Hospital.[6] The could select as many options as they liked from the following categories:

- A&E Department
- Urgent Care Centre
- Outpatient services
- Impatient Services
- Charing Cross Hospital is an important part of my community
- Charing Cross Hospital is not important to me

The combination of quantitative and qualitative results from the survey show high appreciation of specialist care, the variety of services offered, and a strong recognition of its importance for the community.

[6] Appendix b, Question 6, p. 46

Comments reveal an attachment to Charing Cross Hospital that is based on previous treatment received, the continuity of care, and recalling memories of significant moments in their lives when they were patients.

Below, we have separated some of the comments received into different categories, giving an indication of where the patient lives for each, to build a full picture of Charing Cross Hospital and its importance for patients. It seems to have a historic significance that goes beyond geographical boundaries.

Part of the community and beyond:

"CXH is and have always been an important part of the community." (H&F resident)

"I am 76 years old and I have lived in Hammersmith for 45 years. This Hospital has always been very good for me and my husband" (H&F resident)

"Charing Cross not important to me -unthinkable. The spirit of ethos of Charing Cross Hospital was carried to this site by staff from the strand location -always the best." (H&F resident)

"This hospital is very important to my community, Definitely" (Hounslow resident)

"I have been coming to this hospital for many years, it is my hospital." (H&F resident)

A&E:

"It is important (vital for my condition) that there are good fast communications between A&E and my hospital consultant. This why I chose to come to A&E here." (Kingston resident)

"Visited A&E and was an in-patient when I had pneumonia. Diagnosis saved my life and have used the resources here a lot!" (Ealing resident)

"I attend regularly to see various consultants and have had bad asthma and lungs, so I need A&E and all the consultants in one Hospital." (Hounslow resident)

"Hammersmith Hospital doesn't have an A&E only UCC but it isn't well equipped for emergencies such as asthma attack. When I had one I was sent to Charing X A&E." (H&F Resident)

General and specialist services:

"I have used this hospital a lot for many services and it's brilliant" (Ealing resident)

"There is a high stand of specialised multidisciplinary care at Charing X" (Hounslow resident)

"My experience is (related) to my mum's treatment for cancer. I think the hospital does a good deal for the patient and its care and the staff and nurses go above and beyond." (Westminster resident)

"Everything is well planned. I feel that everything is focused on me. I feel special!!" (no postcode provided)

Specialist services such as cancer services, the stroke unit, as well as the A&E department and the value people give to the hospital as an important part of the local community and its historical significance, are key elements of the patient experience that should inform any future changes.

D) A Local Hospital?

The plans for Charing Cross to become a local hospital were set out in *Shaping a Healthier Future* service reconfiguration for North West London document which was published in 2012.[7] This document is a key marking point in the debate around Charing Cross Hospital.

Imperial College Healthcare NHS Trust (ICHT) and the North West London Collaborative of CCGs (NW London Collaborative CCGs) have repeatedly said, including in their answers to Healthwatch CWL, that Charing Cross will continue to provide A&E and wider services for at least the lifetime of the Sustainability and Transformation Plan (STP) for North West London which runs until 2021.[8]

STPs are part of governmental plans for changes to the healthcare system; their aim is to change the way healthcare is being designed and delivered, moving from a reactive approach to a more proactive model. They promote a increased focus on prevention and primary care to keep people healthy closer to where they live (i.e. GPs, community services and the voluntary sector) with the aim of reducing pressure on secondary care (i.e. inpatient units at hospitals). Consequently, future changes to Charing Cross Hospital's provision will be influenced by the way that the STP is delivered in North West London.

[7] Shaping a Healthier Future: https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/Shaping%20a%20Healthier%20Future%20Consultation%20Document%20Updated%20August%202012.pdf

[8] The STPs, part of governmental plans, were published in 2016 aiming to provide a strategic framework of how healthcare is going to be designed across a big geographical area and they are planned to run until 2021. The STP for NW London footprint area: https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/stp_june_submission_draft.pdf

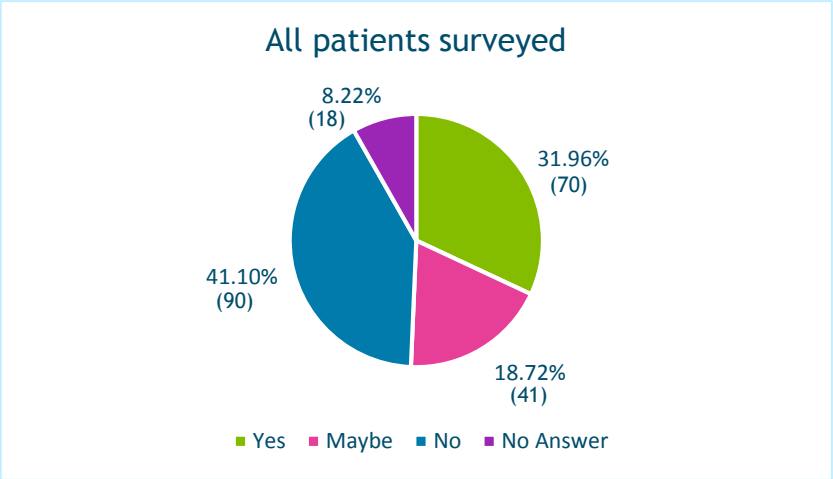
The definition of a "local hospital" which was set out in *Shaping a Healthier Future* (and repeated by ICHT and North West London Collaborative of CCGs in their response to Healtwatch CWL) is as follows:

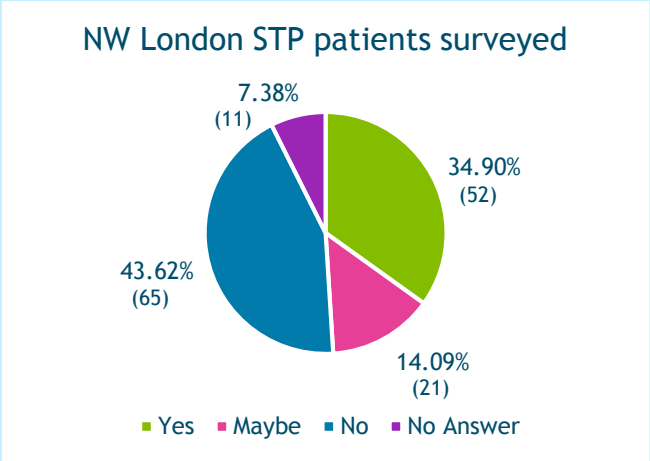
"A type of hospital that provides all the most common things people need hospitals for, such as less severe injuries and less severe urgent care, nonlife threatening illnesses, care for most long-term conditions such as diabetes and asthma, and diagnostic services. It basically provides the kinds of services that most people going to hospital in NW London currently go there for."

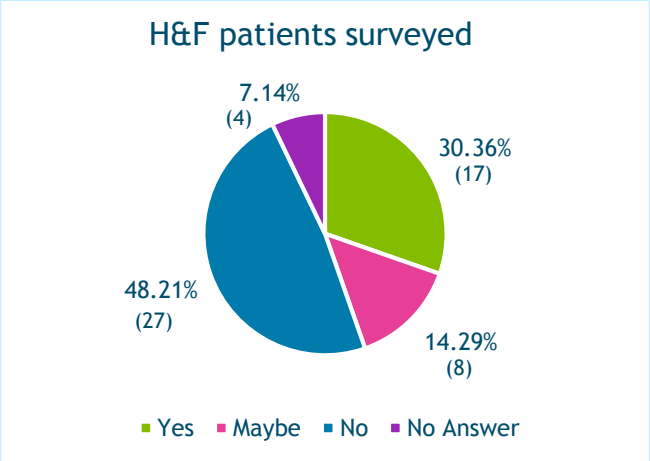
What did patients tell us about turning Charing Cross into a "Local Hospital"?

Our survey asked patients if they feel that their health needs and those of others in their local area, will be fully met by Charing Cross becoming a local hospital (after 2021) as described above.[9]

As the three pie charts below show, there was no clear consensus about whether people felt that their health needs would be met by Charing Cross becoming a local hospital. When looking at all patients surveyed, **just over 40%** said that their health needs **would not** be met, **just over 30%** said that their health needs **would** be met and nearly 19% saying maybe, while around 8% did not answer this question.







[9] See Appendix b, Survey, Question 7, p. 46

The number of patients who do not think that their health needs will be fully met by Charing Cross becoming a local hospital gets slightly higher if we look at patients living in the STP North West London area, at just over 43% and slightly higher still when examining the data from Hammersmith and Fulham patients only, at about 48%.

Examining the comments received to this question gives us a fuller picture of the concerns that people have regarding changes to Charing Cross Hospital. Most show that people do not understand what a local hospital means and how this is going to affect the services they currently receive.

"I do not know, if I don't know what local hospital is."

"It is a very vague statement. We need A&E, we need a cardiovascular ward, breast screening. As we live longer and develop more illness in later life we need a hospital to care for us."

"They want to change it into a clinic. That's how it sounds. What are they going to do with emergencies?"

"The explanation is rubbish: not accurate, not informative."

"I will decide when plans are ratified. Things will change to meet changing needs and funding."

"It's not really clear what local hospital means; could be a bad or good thing."

There were a number of comments from people that did not support Charing Cross becoming a "Local Hospital", expressing concerns about which services are going to be kept, raising doubts about the need for change and stating that Charing Cross should stay as it is.

" 'Local' suggest routine problems. Most people recognise Charing Cross as a centre of excellence."

"It should stay exactly like it is because it is an asset to this neighbourhood and other boroughs."

"The history and the medical standards and training at Charing X would not support this."

"Very big NO. Keep it like it is and A&E."

"Absolute rubbish. They should not be allowed. It is a major hospital for the community. Leave it alone. Disgraceful! I paid for 45 years. It's a government plan to privatize NHS-leave it alone!"

There were a few comments where patients stated that they would support a change under specific circumstances and for different reasons.

"Yes, As long as they don't turn it into hotels/flats."

"Yes, but I have a more local A&E at St Georges."

The combination of our quantitative and qualitative data indicates that the "local hospital" definition is open to interpretation.

All the comments received in this question can be found at Appendix 3.

What did ICHT and North West London Collaborative tell us about the future of Charing Cross Hospital?

At the ICHT event on Charing Cross on the 27th November 2017 the Trust representatives stated that they did not know what a local hospital is. However, they made it very clear that no changes will happen to the acute and inpatient units of Charing Cross until and unless there is evidence of reduced clinical need.[10] At the time of writing this report it was unclear what this evidence would include.

With 2021 only four years away, patients are confused as to **why** these changes are taking place and **what** is going to change exactly. This reflects gaps identified in the joint response we received by Imperial and North West London Collaborative.[11] Although the aim of making changes to future provision of Charing Cross has been set, a series of steps towards its implementation are yet to be taken. These include:

- **The Outline Business Case and Financial Business Care.** As stated in the response: "As we progress from the SOC (Strategic Outline Case) to Outline Business Case and Financial Business Case, all details will be refined including the equality impacts and the actions required to mitigate these. Full equality impact assessments will be undertaken in line with best practice for all relevant programmes and projects as part of their development" (Appendix a. p. 28).
- **Engagement work with residents.** As stated in the response: "The subsequent work to engage patients and the public in the development of detailed plans for Charing Cross Hospital was paused as increasing demand for acute hospital services highlighted the need to focus first on the development of new models of care to help people stay healthy and avoid unnecessary and lengthy inpatient admissions. Our approach of actively not progressing plans to reduce acute capacity at Charing Cross Hospital unless and until we could achieve a reduction in acute demand was formalised in the North West London STP published in 2016. The plan made a firm commitment that Charing Cross Hospital will continue to provide its current A&E for at least the lifetime of the plan, which runs until April 2021. We also made the commitment to work jointly with staff, communities and councils on the design and implementation of new models of care. At this stage, therefore, before the engagement process with the residents of Hammersmith & Fulham, it is too early

[10] The presentation and a video from the event can be seen here: https://www.imperial.nhs.uk/about-us/events/charing-cross-hospital-open-door-event
[11] See Appendix a, p.27

to specify the details of services Charing Cross Hospital would offer in the future." (Appendix a. p. 34)

- **Staffing.** As stated in the response: "Nothing has been 'set in stone' with regard to overall staff levels across the five years of the STP. Any changes in workforce will be part of the detailed service plans that are developed at a local level". (Appendix a. p. 41)
- **Out-of-hospital provision and reduction of demand on hospital services.** The joint response says that nationally there is evidence that supports the case for reduction in demand on hospital services through out of hospital provision. However, it states that: "Locally, we have yet to secure the capital required for the majority of the hub developments. Of the hubs which we have developed the evidence is just emerging. We are in the process of compiling this and anticipate having this available later this year. We have a full strategy for this work". (Appendix a. p. 33)

The lack of documentation along with the results of the survey and the comments people made about the lack of information provided to them raise inevitably questions regarding the future of Charing Cross provision, as the pieces that could reveal how it could look like after 2021 in the "Local Hospital" puzzle have not been revealed yet.

E) Testing Preference of Out of Hospital Services

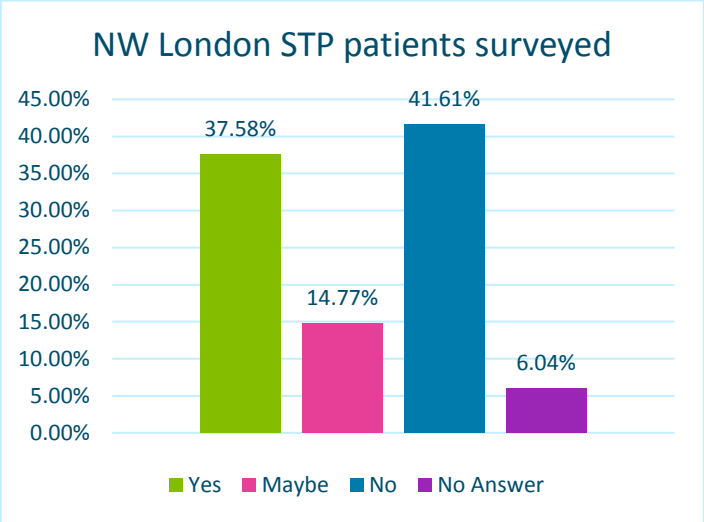
It is clear from the joint response and Imperial College Healthcare NHS Trust (ICHT) position at the event on the 27th November 2017 that no changes will be made to Charing Cross Hospital unless and until clinical need is reduced. A key component to this, as we saw at the end of the previous chapter, will be the evaluation of the out of hospital services. At the time of writing this report, there is no local evidence that the out of hospital services are decreasing hospital demand.

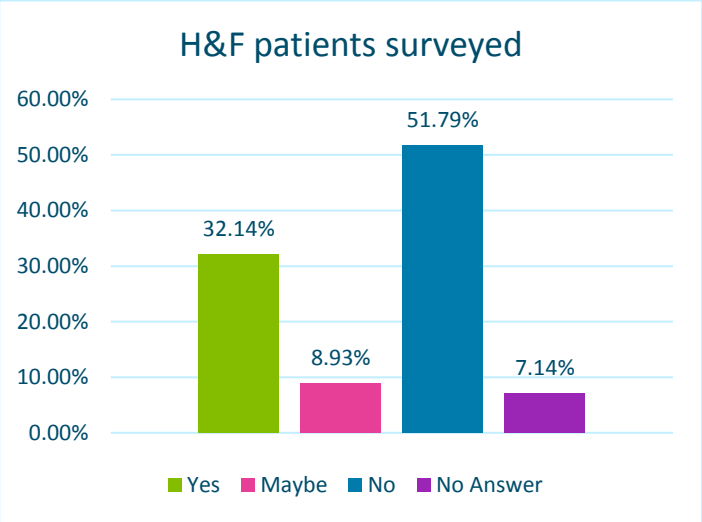
Taking into consideration the importance of out of hospital services for the future provision of healthcare and the implications this might have for Charing Cross Hospital, we thought it would be useful to test people's preferences. To get an understanding of how people feel about of hospital services, we asked patients if they would be happy to receive the service they used at Charing Cross Hospital at a different setting close to their home, for example at their GP surgery.[12]

As shown in the following two diagrams, a slightly higher number of patients from the North West London STP area would prefer to continue receiving treatment at Charing Cross Hospital than would be happy to receive treatment somewhere else, with 41.6% choosing "no" and just over 37% choosing "yes". A greater number of patients from Hammersmith and Fulham would prefer to continue receiving treatment at Charing Cross

[12] See Appendix b, Survey, Question 5, p. 45

Hospital than to receive treatment in a setting closer to their home, with just over half choosing “no” as a response and about 32% choosing “yes”.





The results are similar to the ones discussed in the previous chapter, with patients’ answers indicating mixed feelings regarding a transfer of services from hospital to their GP surgery.

The people that supported delivery of the service they used at Charing Cross Hospital in primary care, stated travel distance as main reason. However, a lot of people stated that Charing Cross is close to them.

“If the service would be closer to home, I would prefer it.”

“I live nearby the hospital. The hospital staff had always been a great help.”

For those that would not support it, the main reasons stated are:

- The lack of expertise at GP surgeries.
- The lack of equipment at GP surgeries.
- GPs are already overcrowded.
- The value of specialists at Charing Cross Hospital.
- The relationship built with staff over their time of care and treatment.

This is shown by the comments below:

“Hermodialysis is very specialised and must be done in hospital setting.”

“I have confidence in the multidisciplinary offer at Charing Cross and I am under the rheumatology department.”

“GP not specialist.”

"I prefer to visit Charing X, as I feel safe that the treatment I will get will be the best."

"Impossible for GP services, which I use and value to equal London teaching hospital standards."

"GP does not provide the same service a hospital can provide. For example dealing with emergencies."

"As long as people are qualified."

"I would rather have it here because I like the hospital."

"I have faith in CCH. They saved my life 9 years ago and have looked after me extremely well since then."

"I prefer to have it here because they are more efficient and they know what they are doing."

"Charing Cross hospital is my hospital. I am happy coming here."

"The choice is not mine. I am here for breast cancer yearly check-up."

"Can I pick up hearing aids batteries at my GP? I don't know."

"I think the complexity of my case means hospital setting needed."

"Treatment is specialised. The GP is oversubscribed and although uncertain I am sure the hospital is the best choice."

"Don't believe the GP could provide that level of service."

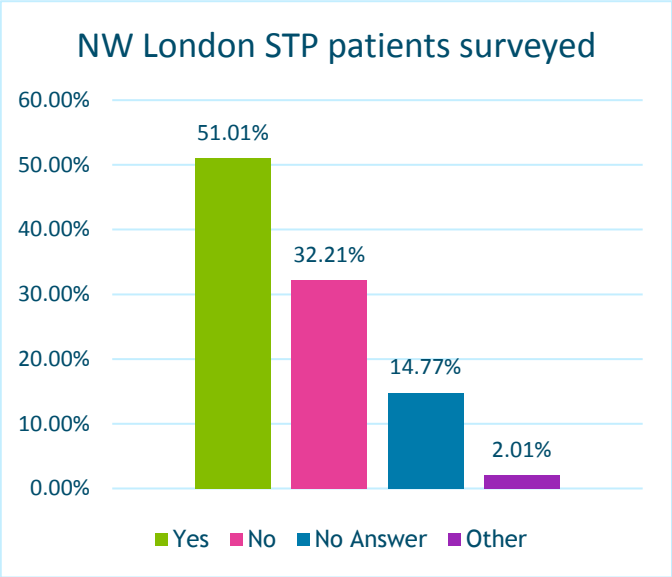
"It makes sense to separate GP clinics from hospitals. Providing citizens with options is a sign of civilisation. GPs often get it wrong."

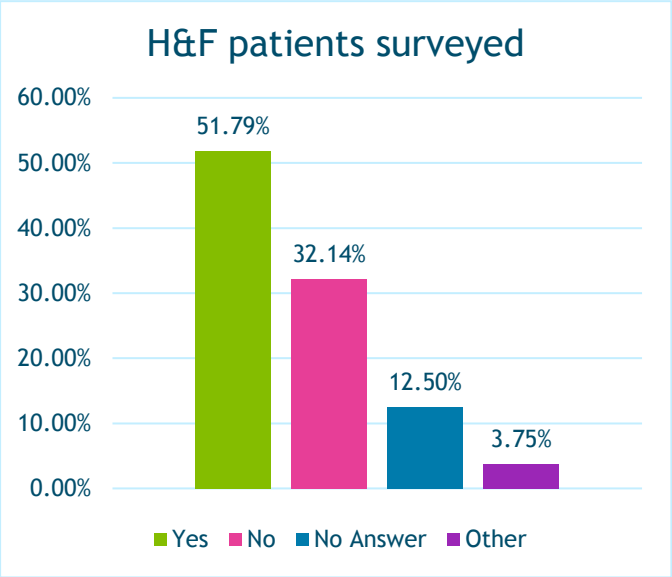
The hospital is actually closer to my home than my GP Practice. Also, I am more comfortable in a hospital setting, more expertise etc."

Hospital services are more specialized and staff have more experience of range issues as they see more patients."

For further analysis, the above results could be looked alongside the tables below that indicate that the majority of patients surveyed identified themselves as having a long term health condition. As we saw at chapter 5.b on patient experience, patients were at Charing Cross Hospital to use a variety of different services. We asked patients to tell us about their preference of using out of hospital services based on the service the visited the hospital on the day of the survey. However, we are unable to tell if they were thinking of support and treatment needed for their long term health condition or the specific service they used on the day we met them when answering the survey.

Do you consider yourself to have a long-term health condition?





Current and future plans for healthcare changes could benefit by looking more closely into patient's sentiments of out-of-hospital services to inform future work.

6. Conclusion & Recommendations

This report provides a picture of the experiences of patients using Charing Cross Hospital and their views on its future.

Patients told us very clearly that Charing Cross Hospital is an important part of their local community and for some, it brought back memories of previous visits to the hospital for them and family members. We heard that patients want opportunities to be involved in shaping the future of Charing Cross Hospital and that they need more information so that they can understand plans for future service provision.

The report also takes into account the position of the North West London Collaborative CCGs, Hammersmith and Fulham CCG and Imperial College Healthcare Trust and we have included their position on patient information and involvement as outlined in their joint response to the questions we asked them.

We believe that this report provides stakeholders with an opportunity to look at how they are communicating with local people and others who use Charing Cross Hospital and to plan how they will involve people in any decisions that are made about the hospital's future.

Conclusion

Charing Cross Hospital is very important part of the community for local people and others who use the hospital. They value the continuity of care that they have received

from the hospital at different stages in their lives, recalling memories of significant moments when they were patients.

Local people and others who use the hospital are concerned about its future and want opportunities to be involved in decision making process.

Recommendations

To ensure that everyone who values Charing Cross Hospital as an important part of their community, or who has used, or may use, it in the future is able to have their say on its future, we recommend that:

1. A clear and robust communications and engagement strategy should be developed and implemented. This should clearly set out:
    a. The process by which decisions about the future of Charing Cross Hospital will be made
    b. How this will be communicated to local people and others that use the hospital
    c. How local people and others who use the hospital will be involved in the decision-making process
    d. Clear routes for patients to have their say
    e. A timeframe for engagement.

At the time of writing this report, changes are taking place in the governance structure across the North West London STP area. Some decisions about local health provision that will be implemented by Hammersmith and Fulham CCG are now taken by North West London Collaborative CCGs.[13] Healthwatch CWL has raised concerns and questions regarding the new governance structures and routes of accountability for local people with regards to decisions made at NW London Collaborative CCG level.[14] The lack of clarity about decision making structures and lines of responsibility and accountability adds to the confusion surrounding the future of Charing Cross Hospital.

Therefore, our second recommendation is:

2. North West London Collaborative CCGs, Imperial College Healthcare NHS Trust and Hammersmith and Fulham CCG should provide clear information about how, by what criteria and by whom decisions about the future of Charing Cross Hospital will be made and who is responsible for local communication and engagement on its future.

Due to the lack of information about the timeline of changes in governance we are not able to suggest a specific deadline. Therefore, we suggest that North West London

[13] North West London CCGs' Governing Body Paper: Developing further collaborative working across North West London CGGs: http://www.hammersmithfulhamccg.nhs.uk/media/116666/GB-26-Sept-North-West-London-Draft-Governing-Body-Paper-Final_v2.pdf

[14] Visit our website for our questions: https://healthwatchcwl.co.uk

Collaborative CCGs, Imperial College Healthcare NHS Trust and Hammersmith and Fulham CCG should indicate by when they will be able to implement Healthwatch CWL recommendations.

7. Appendices

Appendix a

The joint response signed by Imperial College Healthcare Trust and North West London Collaborative of Clinical Commissioning Groups to Healthwatch Central West London questions.

Dear Olivia

Thank you for your letter setting out a range of questions around the future of Charing Cross Hospital.

Before we get to the questions themselves, we think it useful to note the overall aim of the work we are doing here in Hammersmith & Fulham and across North West London. We want to flip the model of care from a reactive one, where we wait for people to get sick and then attend A&E, to a proactive one, which focuses on keeping people well and out of hospital, providing care in settings much closer to home wherever possible.

The *Shaping a healthier future* service reconfiguration for north west London, and the Trust's clinical strategy, set out plans for Charing Cross to evolve to become a new type of local hospital, offering a wide range of specialist, same-day, planned care, as well as integrated care and rehabilitation services, particularly for older people and those with long-term conditions. It would retain a 24/7 A&E appropriate to a local hospital.

However, we have been clear that we will not reduce acute capacity at the hospital, including within its A&E, unless and until we can achieve a sufficient reduction in acute demand. The Sustainability and Transformation Plan published in 2016 made a firm commitment that Charing Cross will continue to provide its current A&E and wider services for ***at least*** the lifetime of the plan, which runs until April 2021.

We have also made the commitment to engage with our local community, including with Healthwatch, as we start to develop the detail around the plans at Charing Cross. Your involvement in that process is essential and we look forward to continuing to work with you.

It's also worth highlighting that you raise a number of questions around the use of digital services within healthcare. Most people use health services in a local community setting where there has already been significant developments in the use of digital technology to improve patient benefits. Through the 'Care Information Exchange' Imperial College Healthcare is also leading a major initiative to build an online care record for patients and those providing their care across North West London.

Turning then to the questions themselves, please find detailed answers set out on the following pages. If you would like any further detail please let us know.

Clare Parker, Chief Officer – CWHHE, SRO – Shaping a Healthier Future

Ian Dalton CBE, Chief Executive, Imperial College Healthcare NHS Trust

A) COMMUNICATIONS AND INVOLVEMENT

Q1) What negative impacts for patients have been captured as part of your planning for this major change for example during an options appraisals?

A) The Strategic Outline Case (SOC) as the enabler for the North West London Sustainability and Transformation Plan (STP) offers an excellent opportunity to further address health inequalities and ensure a positive impact of any proposed service changes for our protected groups. We have a thorough understanding of the demographics and particular health challenges of our residents to support our inequalities work, and are of course working closely with our local authority colleagues to share and update our knowledge of specific groups and any emerging issues.

To date two Equality Impact Reviews have been completed. The first was undertaken when the Shaping a Healthier Future (SaHF) strategy was produced. This included, based on the available evidence to date, how the SaHF programme meets with the aims of the Public Sector Equality Duty.

The second was an STP-wide health inequalities impact screening analysis, which provides a framework for the detailed equalities impact assessments likely to be needed. This approach is in line with other STP regions.

The Equality Impact Reviews identify potential adverse impacts. These are all stated within the documents attached with indications of how these are or will be addressed. As we progress from the SOC to Outline Business Case and Financial Business Case, all details will be refined including the equality impacts and the actions required to mitigate these.

Full equality impact assessments will be undertaken in line with best practice for all relevant programmes and projects as part of their development.

It's also worth making the point here that there have been some really positive steps forward in the way we have transformed care across NW London as a part of the SaHF and STP plans – for example the maternity and paediatric transitions which have taken place have seen real benefits to our patients and residents. We continue to monitor and evaluate both of these transformations to ensure they remain successful. We are committed to ensuring that all service developments have effective and thorough monitoring and evaluation going forward.

Q2) Do you have evidence to demonstrate that patients and communities can be assured that possible negative impacts from future changes will be mitigated? If yes, please provide a copy of your evidence. If not, please provide us with information regarding how you are going to test and measure possible negative impacts.

A) As set out in the previous answer we have conducted Equality Impact Reviews which are available online at:

SaHF EIA
https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/Equalities%20Impact%20-%20Strategic%20Review%20%20vf.pdf

STP EIA
https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/stp_equality_impact_analysis_april_2017.pdf

Q3) What steps have you taken to communicate with the local population, your plans for Charing Cross hospital in a clear, accessible and easy to understand manner and how are you monitoring the progress? Please provide a breakdown of steps and monitoring mechanisms.

A) As indicated above, we have been very explicit about the fact that no major changes will take place at Charing Cross during the lifetime of the STP. This is a commitment that has been made publically and has not changed. At the 'town hall' style meeting held in October 2016, the CCG also committed to improving engagement with local residents more generally. To this end the CCG approved a new communications and engagement strategy at its meeting in September which sets out very clear objectives for future engagement with local people.

Additionally, the Trust uses its website and social media channels (eg Facebook and Twitter) to communicate with audiences about developments and issues regarding Charing Cross Hospital. We also use the Trust's electronic newsletters which are tailored to specific audiences: stakeholders; GPs; and patients and the public. Commissioners use the Healthier NW London website as well as the CCG twitter feeds to help keep people updated.

The Trust chief executive has regular meetings with local MPs and with Hammersmith & Fulham Council's Cabinet Member for Health and Health Scrutiny Committee Chair. The Trust chief executive also meets formally with representatives of the Save our Hospitals group. Similarly, senior officers from both Hammersmith & Fulham CCG and NW London routinely meet with the local MP, councillors and representatives from patients' groups to talk through our plans.

In addition, the Trust is planning a public event at Charing Cross Hospital at the end of November 2017 to set out the current position on Charing Cross and to share updates on recent and planned investments.

Q4) Will you be able to produce a briefing, for wide circulation, that explains what your plans are and what they mean for local people? The briefing should refer to policies from different documents to inform local people, but also provide them with the opportunity to track down the progress you are making moving forward.

A) We are happy to discuss an update which brings together all the plans (SaHF, Trust strategies and plans, STP etc) and explains where we are and the current position on Charing Cross. We would welcome involvement from Healthwatch in developing that update to ensure we make it as user friendly as possible for local people.

We will produce a concise briefing on the current position on Charing Cross and its future as part of the Trust's public event at Charing Cross being planned for November 2017.

Again, we also make the point that major change at Charing Cross is not planned until there has been sufficient reduction in acute demand, which will not be within the lifetime of the STP, that is not before April 2021. Any proposed changes will also include equalities impact assessments and opportunities for local people to be informed and involved.

Q5) How are you going to involve members of the public, as well as health professionals in the development of the plans for Charing Cross hospital? Healthwatch Central West London would like to be fully involved in the planning and consultation process and work with the Trust to ensure that any changes result in an enhanced level of healthcare provision for the local population.

A) As our plans for Charing Cross progress, we have been clear that we are committed to involving patients and the public in their development. We envisage that Healthwatch, as well as our own lay partners, will be integral to that process.

B) A&E AND WIDER SERVICES

Q1) What is the evidence that suggests that Charing Cross should become a local hospital and what is the definition of a local hospital? Please provide us with any supporting documents.

A) The case for Charing Cross to become a local hospital was set out in the SaHF consultation document. We believe that this will help us deliver services which are right for the people of Hammersmith & Fulham, matching their needs.

The consultation document (August 2012) for the plans to improve local NHS services in North West London as part of the SaHF programme, identified eight different settings for care. Section 10 of the consultation described a 'Local hospital' as follows:

"Local hospital – this type of hospital provides all the most common things people need hospitals for, such as less severe injuries and less severe urgent care, nonlife threatening illnesses, care for most long-term conditions such as diabetes and asthma, and diagnostic services. It basically provides the kinds of services that most people going to hospital in NW London currently go there for."

There is also further reference to this case within the SOC – Part 1. The strategic case in the SOC sets out a list of factors which point in the same direction:

1. Our current system is unsustainable. We cannot achieve our vision without major changes to how we deliver care, given the population health trends, coupled with our current model of care and health infrastructure. This is therefore an opportunity for us to do something different and better for our residents.
2. We have a strategy to meet our residents clinical and social care needs in the right place at the right time. We will reconfigure health services so they are: localised where possible; centralised where necessary and in all settings integrated across health and social care providers to improve patient care.

3. We are confident that based on our experience of successfully delivering change and identified opportunities; our new model of care will address the key issues. Our strategy is to focus resources to keeping the population well through management of long term conditions, rapid access and treatment via local services with high quality acute specialist care when it matters most. This will achieve financial and clinical effectiveness.
4. Our new model of care requires major changes. Our SaHF proposals deliver much of this vision. Approved by the Secretary of State in 2013, SaHF is an inter-connected model of care which:
    - Retains activity in the community, enabled by out of hospital hubs where services are co-located and primary care is delivered at scale
    - Reconfigures our acute services to deliver high quality care and provide clinical and financial sustainability. This is principally achieved by concentrating valuable clinical capability across fewer sites

It is also important to recognise that in Hammersmith & Fulham, as well as across North West London as a whole, we face the following major challenges:

- An ageing population with increasingly complex and resource intensive health needs, with an increase in the overall population.

- Over 30 per cent of inpatient beds in acute hospitals are occupied by patients whose care would be better provided elsewhere in their own home or community. Clinical audits regularly show that over 30 per cent of patients in an acute hospital bed do not need acute care.[15] It is best for patients if they are able to return home at the optimal time for them, to be subsequently cared for in the most appropriate setting, preferably their own homes.

- Unacceptable variation in the quality and delivery of all services. There are variations in the quality of care and the proportion of patients who need to be readmitted after receiving a number of procedures varies considerably from one hospital to another. Senior doctors' availability in acute medicine and emergency general surgery at the weekends is more than halved at many sites compared to cover during the week.

- A reactive health service where resources are still focused on getting patients better rather than keeping people well to start with.

- Workforce capacity with shortages in supply expected in many professions and expected increases in demand, combined with the need for a skilled workforce to deliver a 7-day service under the current model across multiple sites. The lack of skilled workforce to deliver a seven-day service under the current model across multiple sites is an issue in North West London. Workforce shortages are expected in many professions under current supply assumptions and expected increases in demand making the provision of services more fragile.

[15] NW London Sustainability and Transformation Plan v01 21 October 2016.

- We have more A&E departments per head of population than other parts of the country and insufficient capacity to meet demand as senior staff and resources are spread too thinly across multiple sites.[16]

- Poor quality estate in our hospitals and primary care which is increasingly costly to maintain, does not meet modern standards and is not fit for purpose for delivery of care. NW London has more poor quality estate and a higher level of backlog maintenance across its hospital and primary care sites than any other sector in London. For example, a detailed survey and compliance audit (called a six-facet survey) undertaken in 2015, suggested total investment / project costs of £1.3 billion to bring all the Imperial College Helathcare Trust estate to an acceptable condition (Source: Imperial College Healthcare NHS Trust Annual Report 2016/17, p49)

- Too many small hospitals resulting in a compromise of clinical productivity for the residents of North West London, with valuable clinical resources being spread too thinly and the inability to drive high quality specialist care which can be achieved by concentrating care into fewer large hospitals:

    - The total population in North West London is 2,086,000 as of 2015/16.[17] With a growing population in North West London it is increasingly hard to provide a broad range of appropriate specialist services at the existing nine acute hospital sites to the standards our patients expect and deserve.

    - This is because specialist teams gain skills as a result of the numbers of people they diagnose and treat. There is evidence that the more specialised doctors and other professional staff become, the better the results for patients.[18] If treated by a specialist, patients are at a lower risk of death, are likely to have fewer complications and are likely to benefit from shorter stays in hospital.[19]

    - Units therefore need to serve a sufficiently large population so they are busy enough for clinical staff in a variety of specialities and subspecialties to maintain their clinical skills for the best outcomes for patients.

    - For example, guidance from the Royal College of Surgeons[20] recommends that for emergency surgery to be of high quality, activity from a population of 500,000 needs to be undertaken on one site. Even with the current configuration of A&E services nationally, the seven A&E departments in North West London hospitals each have a catchment population smaller than average.

[16] "Delivering High-quality Surgical Services for the Future", a consultation document from the Royal College of Surgeons reconfiguration working party, March 2006.

[17] Office for National Statistics (ONS) population estimates.

[18] Hall, Hsiao, Majercik, Hirbe, Hamilton, The impact of Surgeon Specialization on Patient Mortality; Annals of Surgery 2000.

[19] Chowdhury, Dagash, Pierro. A systematic review of the impact of volume of surgery and specialisation on patient outcome; British Journal of Surgery, 2007.

[20] "Delivering High-quality Surgical Services for the Future", Royal College of Surgeons, March 2007.

- And clinical evidence has highlighted that for emergency care services, early involvement of senior medical personnel in the assessment and subsequent management of many acutely ill patients improves outcomes.

- It is known that in North West London, our hospitals are only sometimes meeting the seven-day services standards guidelines of emergency general surgery admissions seeing a consultant within 14 hours.

Q2) What evidence is there that GP hubs and other out-of-hospital provision are reducing demand on hospital services?

A) There is national evidence from the work being undertaken by Vanguards which supports the case for reduction in demand. I attach an NHS presentation from the national new models of care team which is presenting early evaluation of vanguards. Slide 5 quotes 30% reduction in NEL admissions. Locally, we have yet to secure the capital required for the majority of the hub developments. Of the hubs which we have developed the evidence is just emerging. We are in the process of compiling this and anticipate having this available later this year. We have a full strategy for this work in enclosed in these two documents.


NW London Local Services Strategy Ful


NW London Local Services Strategy Pre

Q3) "No reduction of A&E and wider services" – this term has been used in the Trust's responses to concerns regarding a closure plan for Charing Cross Hospital. Please provide a breakdown of all services with clarification what is included and what is not in "wider services".

A) Charing Cross Hospital provides a range of acute and specialist care services, it also hosts the hyper acute stroke unit for the North West London region and is a growing hub for integrated care in partnership with local GPs and community providers. Information on all the services at Charing Cross Hospital is provided on the Trust website.

Our approach of actively not progressing plans to reduce acute capacity at Charing Cross Hospital unless and until we could achieve a reduction in acute demand was formalised in the North West London STP published in 2016. The plan made a firm commitment that Charing Cross Hospital will continue to provide its current A&E for at least the lifetime of the plan, which runs until April 2021. We also made the commitment to work jointly with staff, communities and councils on the design and implementation of new models of care.

The Trust does consider specific proposals for service changes from time to time in response to quality, safety and/or efficiency issues. On these occasions we are very mindful of our duty to engage with patients, the public, their elected representatives and our other partners in order to develop the best proposals and reach the right decisions for patients. We followed this approach with the successful move of the stroke unit at St Mary's Hospital to Charing Cross Hospital in 2015.

We will continue to engage with people on specific service proposals and we will also undertake equality impact assessment related work for any such proposals.

Q4) If the Shaping a Healthier Future plans go through, please clarify: a) Will there be A&E and consultants on site at Charing Cross? And b) Will there be a blue light ambulance service at Charing Cross?

A) In 2012, the NHS published plans for a reconfiguration of health services across North West London to respond to rapidly changing health and care needs. A full public consultation set out plans for a more integrated approach to care, with the consolidation of specialist services onto fewer sites, where this would improve quality and efficiency, and the expansion of care for routine and on-going conditions, especially in the community, to improve access.

Charing Cross Hospital was envisaged as a local hospital within this network of services, building on its role as a growing hub for integrated care offered in partnership between hospital specialists, local GPs and community providers..

In October 2013, the Secretary of State for Health supported the proposals in full, adding that Charing Cross Hospital should continue to offer an A&E service, even if it was a different shape or size to that currently offered. He also made clear that there would need to be further engagement to develop detailed proposals for Charing Cross Hospital.

The subsequent work to engage patients and the public in the development of detailed plans for Charing Cross Hospital was paused as increasing demand for acute hospital services highlighted the need to focus first on the development of new models of care to help people stay healthy and avoid unnecessary and lengthy inpatient admissions.

Our approach of actively not progressing plans to reduce acute capacity at Charing Cross Hospital unless and until we could achieve a reduction in acute demand was formalised in the North West London STP published in 2016. The plan made a firm commitment that Charing Cross Hospital will continue to provide its current A&E for at least the lifetime of the plan, which runs until April 2021. We also made the commitment to work jointly with staff, communities and councils on the design and implementation of new models of care.

At this stage, therefore, before the engagement process with the residents of Hammersmith & Fulham, it is too early to specify the details of services Charing Cross Hospital would offer in the future.

C) BEDS, COMMUNITY SERVICES AND ACCESSIBILITY

Q1) Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify: a) How many beds will there be and what type will they be when compared to now?

A) As indicated previously it is too early to specify the details of services Charing Cross Hospital would offer in the future.

Charing Cross Hospital currently has just over 400 inpatient and day-case beds.

Successful programmes have shown that high-quality interventions that support patients before they become acutely unwell can reduce non-elective admissions and slow progression of a disease. This can contribute to a reduction in overall care costs through the removal of acute beds when out-of-hospital solutions are in place. It does not necessarily mean planning to treat fewer people – it means treating people in a different way or different place.

The NHS is already working closely with local residents and patients at CCG level as we implement new services that help people stay as healthy as possible, avoid unnecessary stays in hospital (especially older patients) and support patients to return home as quickly with the support they need. We will build on this engagement activity to engage further with stakeholders specifically about the services Charing Cross Hospital should offer in the future.

The Trust's current clinical strategy was published three years ago in 2014. We see each of our three main hospitals developing their own distinctive and interconnecting character: with Hammersmith continuing on its path as a specialist hospital with a strong focus on research; St Mary's being the acute/emergency hospital for North West London; and Charing Cross as a pioneering local hospital with planned/elective surgical innovation and integrated care services. All the Trust's main hospital sites will continue to provide local services as well as their particular unique function.

At the time of the clinical strategy being published the proposed number of beds at our main hospital sites by 2020 was shown (with the July 2014 numbers in brackets) shown in the table below:

Hospital	**Total**	**Inpatient beds**	**Day-case beds**
Charing Cross	150*	24 (360)	86 (41)
Hammersmith	466	427 (406)	39 (39)
St Mary's	540	507 (401)	33 (40)
Total	1,156*	958 (1,167)	158 (120)

* In the space requirements and costings for Charing Cross Hospital, we also allowed for a further approximately 40 beds to support a new integrated care offering.

Since then, the work to engage patients and the public in the development of detailed plans for Charing Cross Hospital has been paused as increasing demand for acute hospital services at the site highlighted the need to focus first on the development of new models of care to help people stay healthy and avoid unnecessary and lengthy inpatient admissions.

Our approach of actively not progressing plans to reduce acute capacity at Charing Cross Hospital unless and until we could achieve a reduction in acute demand was formalised in the North West London STP published in 2016.

Q) Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify: b) If there is a reduction of beds, how will demand be met and managed?

A) Demand will be met and managed through a combination of increased capacity at other local trusts, reduced demand for services through better management of long term conditions such as diabetes, earlier intervention when people become ill and new ambulatory models in hospitals so that less people are conveyed or admitted, and discharging people home at the right time with full community support becomes the norm.

Q) Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify: c) If there is a reduction of beds, how are you measuring safety issues given the high bed occupancy figures at ICHT hospitals?

A) NHS England Chief Executive Simon Stevens announced earlier this year that hospital bed closures arising from proposed major service reconfigurations will in future only be supported where a new test is met that ensures patients will continue to receive high quality care.

From 1 April 2017, local NHS organisations have to show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHS England will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)

All bed reduction proposals will, therefore, be subject to being evaluated against these conditions. The assessments made against these conditions will form part of any documentation that is put forward to NHS England and will be included in documents considered at Trust Board and CCG Governing Body meetings in public.

Q) Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify: d) Are there any estimates as to how many in-hospital patient visits that requiring bed and clinic capacity will be replaced by community based services?

A). We have made estimates in the past, for example during the 2012 consultation, and we will be updating all figures once we have implemented and evaluated the out of hospital services so that they reflect real activity and demand in the future.

Q) Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify: e) How many of these community based services depend on the enhanced digital capabilities and interoperability strands referred to in Local Digital Roadmap – STP January 2017?

A) Full realisation of the integrated health and care services envisaged in the local area will require a shared digital patient record, which allows transfers of care between different settings to be automated. Where these settings use different clinical IT systems, the shared digital record is dependent on interoperability between those systems.

Community based services in the area are currently supported by TPP's SystmOne Community clinical IT system, which is a common platform with the GPs in the three local CCGs, all of which use SystmOne; so the shared record is already available between primary and community healthcare.

Between primary and acute care, there are some existing interfaces between SystmOne in primary care and the Cerner acute clinical IT system in use at Imperial College Healthcare (and due to be implemented at Chelsea & Westminster): referrals can be transmitted electronically from SystmOne using the NHS E-Referrals Service (e-RS) and discharge information at the end of acute episodes of care is sent electronically from Cerner to SystmOne.

However, full realisation of the shared digital patient record will require more comprehensive interfaces between community and acute services, either directly or via the NW London Care Information Exchange currently under development. These interfaces do not yet exist in SystmOne, but fortunately TPP has recently announced that it will develop an open interface capability, and we would expect links to Cerner to be developed and in place well before 2021.

Q) Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify: f) In Shaping a Healthier Future 2012, there were plans to develop a separate elective orthopaedic hospital on the lines of the one in Epsom. Is this still planned and how will it affect Charing Cross?

A) There are no plans in place to develop a separate elective orthopaedic hospital. The Provider Board considered the benefits of an orthopaedic centre(s) in April 2017 and made two recommendations. Firstly to approach the Elective Orthopaedic Centres (EOC) in two phases and not assess the feasibility of an EOC in 2017/18. The first phase will be to drive up productivity and quality within each Trust and to measure performance against a sector score card, informed by existing measures that Trusts use. It was noted that the MSK clinical network will be key to supporting delivery. Secondly it was agreed to review the data in April 2018 to assess the need for a NW London EOC. This two-part approach is driven in part by the need for capital funding for an EOC.

Q) Healthwatch Central West London has received concerns raised by local residents of what Charing Cross hospital will look like after 2021. Please clarify: g) How will Charing Cross, as a local hospital be complemented by integrated care and an Accountable Care Partnership

A) NHS commissioners across North West London have agreed that Accountable Care Partnerships are the preferred model for delivering an integrated care system. Accountable care approaches are a potential way of overcoming dispersed responsibility for the commissioning and provision of care.

Imperial College Healthcare is part of a collaboration of organisations - the Hammersmith & Fulham Integrated Care Partnership - working to develop a radically better way of providing care for the population of Hammersmith & Fulham through an integrated/accountable care approach.

The programme also involves lay partners in the co-design of all aspects of the emerging care model. Healthwatch representation in the programme structure is provided by Olivia Freeman, who is a member of the steering group and a valued lay partner.

During 2017/18, the partnership plans to test its shared principles in practice by redesigning a number of care pathways for a sample of the population. The partnership is also working closely with Hammersmith & Fulham social care services.

Q2) Given that we have a growing, ageing population who live longer with periods of chronic illness and disability how can you in practice reduce planned admissions without rationing access to operations such as cataract removal, knee and hip replacements? Isn't there now an additional pressure on the STP to limit access to these procedures given their inclusion on the list of areas whose finances are deemed to require increased control through the Capped Expenditure Process?

A. The Capped Expenditure Programme (CEP) is not about cutting services - but making sure we balance our books across the NHS in North West London. We have to reduce waste and cut inefficiency across North West London and it is important we do that in a sensible, planned way, so as to avoid any unplanned cuts at a later date. By taking this approach we can ensure that we continue to deliver high quality healthcare services. The overall approach we are taking to healthcare in NW London is all about better management of long term conditions and earlier interventions to ensure that we can deal sensibly with the growing and ageing population.

D) CHARING CROSS IN THE NATIONAL CONTEXT

164,000 disabled people this year in England have had some or all of their Personal Independence Payments withdrawn and Employment Support Allowances have been cut by 33.3%. Between 2010 & 2015 there was a 31% cut, i.e. £4.6bn in English social care budgets and 400,000 fewer people receive social care in 2015 compared to 2009-10 (Association of Directors of Social Services Budget Survey 2015).

Q) Given this context and how it is reflected in the areas served by Charing Cross Hospital please answer the following: a) Have you measured how these changes on a national level have impacted residents across North West London?

A) The planning work around the SOC has not addressed this in detail as the nature of the SOC is to focus on high level growth based on historic trends and the individual plans from each Trust and each provider. If this is addressed it would be in the detail of those plans rather than in the SOC. Plans for specific service change will be influenced by the analysis of local needs and services designed in ways that meet those needs.

Q) Given this context and how it is reflected in the areas served by Charing Cross Hospital please answer the following: b) How this national landscape has been taken into account to inform your plans for the future of Charing Cross hospital services?

A). Our planning is based on actual data and the use of past trends to influence future planning. The impact of social care cuts is reflected in our planning. Also its important to point out that integrated care gives us an opportunity to mitigate the impact.

Q) Given this context and how it is reflected in the areas served by Charing Cross Hospital please answer the following: c) Given this collapse in funding, how can you ensure that STP plans are realistic

A) It is not clear what impact, if any, the changes in national policy for Personal Independence Payments (PIP) and Employment Support Allowances (ESA) will have on health needs. As the STP is very much a high level document it is the detailed planning of individual services that will need to take account of the specific needs highlighted during the service design phase.

Q) Given this context and how it is reflected in the areas served by Charing Cross Hospital please answer the following: d) How have you tested the assumptions that integrating community health and social care can generate enough extra capacity to compensate for potential loss of services?

A) The integration of community health and social care involves changing the model of care from a reactive one, where we wait for people to get sick and then attend A&E, to a proactive one, which focuses on keeping people well and out of hospital, providing care in settings much closer to home wherever possible. This will require new funding and evaluation approaches which will require modelling and testing prior to rolling out. We have made real inroads in reducing our non elective admissions across NW London – which bucks both the London and the national trend – see the graph at Appendix II for more detail.

We are continuing to work with our social care partners to develop better integrated services. The joint strategic needs assessment outputs will support the decisions made about what services are provided and how best they can be delivered to ensure that those most in need receive the level of care and support that they require.

As mentioned earlier, through the Hammersmith & Fulham Integrated Care Partnership, in addition to social care and community services Imperial College Healthcare is working with other healthcare providers - West London Mental Health Trust, the Hammersmith and Fulham GP Federation and Chelsea and Westminster Hospital - on new models of care.

Q) Given this context and how it is reflected in the areas served by Charing Cross Hospital please answer the following: e) Have you measured the impact these changes at the national level will have in the local context regarding Charing Cross provision for people that are not in employment?

A) The planning around Charing Cross is in the very early stages. We are not planning on making any changes to Charing Cross within the lifetime of the STP.

E) FUNDING

Q1) According to this article *http://www.nationalhealthexecutive.com/Health-Care-News/go-ahead-given-to-support-15-stp-areas-with-325m-capital-investment?dorewrite=false/Page-1345* ***from 19.07.2017, NW London STP is not going to participate in a share of the £325m, funding which NHS England has targeted to "strongest and most advanced schemes in STPs" How will losing out on this bid affect the delivery of the STP and, in particular, Charing Cross hospital provision? What are the current steps taken to face the financial challenge?***

A) The £325 million was the first cohort of STP capital funding which was for schemes due to be completed within the next twelve months. We are still progressing our bid for funding and understand further funds will be available. Our bid is following an approval process requiring regulator (NHS England and NHS Improvement approval) and Department of Health approval prior to being considered by the Treasury. This is still progressing. We are still anticipating our plans being funded in due course.

Q2) On page 42, Local Digital Roadmap January 2017 states in the last sentence: "Funding for the programme is still under discussion within NHSE, and full details of programme costs and the associated funding will be published in due course." Please clarify "due course" and inform us when you will be able to provide a timeline related to the funding. Which systems will be prioritised? What are the clinical and demand implications of not providing the technology systems that cannot be funded?

A) NHSE has clarified that there will be no funding for the Local Digital Roadmap (LDR) in 2017/18. It is expected that the funding for 2018/19 will be announced at some point after the Autumn Budget and that the bidding process will be clarified in February 2018. The North West London Digital Portfolio Board will be responsible for agreeing a list of prioritised projects within the context of the national investment levels available. The implication is that aspiration to be paperless by 2020 will not be realised.

Q3) Local residents are concerned that saving £1.3bn from NW London's budget over the next 5 years could lead to job redundancies or downgrading of skills. How are you going to measure labour cost against the budget and what are the steps you are taking to show that you mitigate possible negative impacts on the quality of healthcare?

A) In 2016/17, the Trust invested £600 million in staff benefits (pay and pension contributions) from a total annual expenditure of £1,091.5 million. Appendix 1 shows the annual growth in Trust staff benefits over the past three years.

The Trust's clinical staff (including consultants, doctors and senior nurses) often work across more than one of our hospital sites and so the Trust does not hold information for the number of clinical staff by specific hospital site.

The Trust currently employs nearly 11,000 staff in total, of which around 2,500 are doctors including consultants. Five years ago the Trust had a total headcount of nearly 10,000, of which around 2,000 were doctors including consultants.

As healthcare changes so the roles our staff perform will change and people will do their jobs in different ways. However while we expect the ways of working to change we would always ensure that we had the right numbers of staff to deliver safe care.

While the savings target is challenging, it is also recognised that changing the way services are delivered should achieve economies of scale that will enable significant savings to be made. North West London is looking at the experiences in other places where efficiencies have been achieved and service quality and levels maintained. Part of service reconfiguration does involve reviewing how services are delivered and the skill mix required. This will also happen across North West London in order to ensure that the right staff at the right level and in the right quantity are available. Some staff will almost certainly be doing things in different ways in the future which could mean that certain services require fewer people. Nothing has been 'set in stone' with regard to overall staff levels across the five years of the STP. Any changes in workforce will be part of the detailed service plans that are developed at a local level.

F) TECHNICAL INFRASTRUCTURE

Q1) How robust is the technical infrastructure being put in place, which the move to the community model of service provision relies upon. How can assurance be demonstrated to the community?

A) The NHS network (N3) provides a secure and robust means to enable teams working in community locations access to the Trust's full range of clinical systems. This is demonstrated through the existing community and acute services already provided across North West London.

Q1a) How many systems that need to, can share data now and how many will be able to by 2021?

A) Community healthcare services in the three boroughs covered by Healthwatch Central West London are currently delivered by Central London Community Healthcare (CLCH) and Imperial College Healthcare, mainly using TPP's SystmOne clinical system. Other care settings which will be relevant are Urgent & Emergency Care and federated primary care services; most of these settings are also served by SystmOne, including all practices in the tri borough

Cerner is the electronic patient records system in use at Imperial College Healthcare and being implemented at Chelsea and Westminster sites. It has an interoperability tool to enable sharing of data with other clinical systems. The providers of SystmOne, which is widely used in primary care, have recently announced that they will be enabling information sharing. This will allow us to build on the work already done to develop the Care Information Exchange to create an information sharing platform that incorporates clinical information from systems across all care settings in North West London.

Q1b) What are the implication for the STP if the underlying systems cannot share data? What will be the effect of removing the productivity tools required to provide to healthcare remotely?

A) Communication between care settings is less effective and efficient if it relies on manual processes to effect transfers of care. More effective working is dependent on the ability of systems to share data between acute (Cerner), community (mainly SystmOne) and primary care (SystmOne). This capability already exists between community and primary care. SystmOne does not currently share data with acute systems, but the supplier TPP has recently announced a commitment to develop open interfaces to SystmOne and we would expect interoperability to be developed in the next one or two years.

We are not entirely clear what is meant by the second part of the question. Clinicians in primary and community care are already able to work remotely via mobile devices such as laptops and tablets – this is what is normally meant by 'productivity tools'. These are not being removed.

Q1c) What is the state of cyber security across all systems?

A) Imperial College Healthcare remained free from virus infection during the global cyber-attack on 12 May 2017. The Trust continues to maintain and strengthen its ability to protect our systems against cyber security threats.

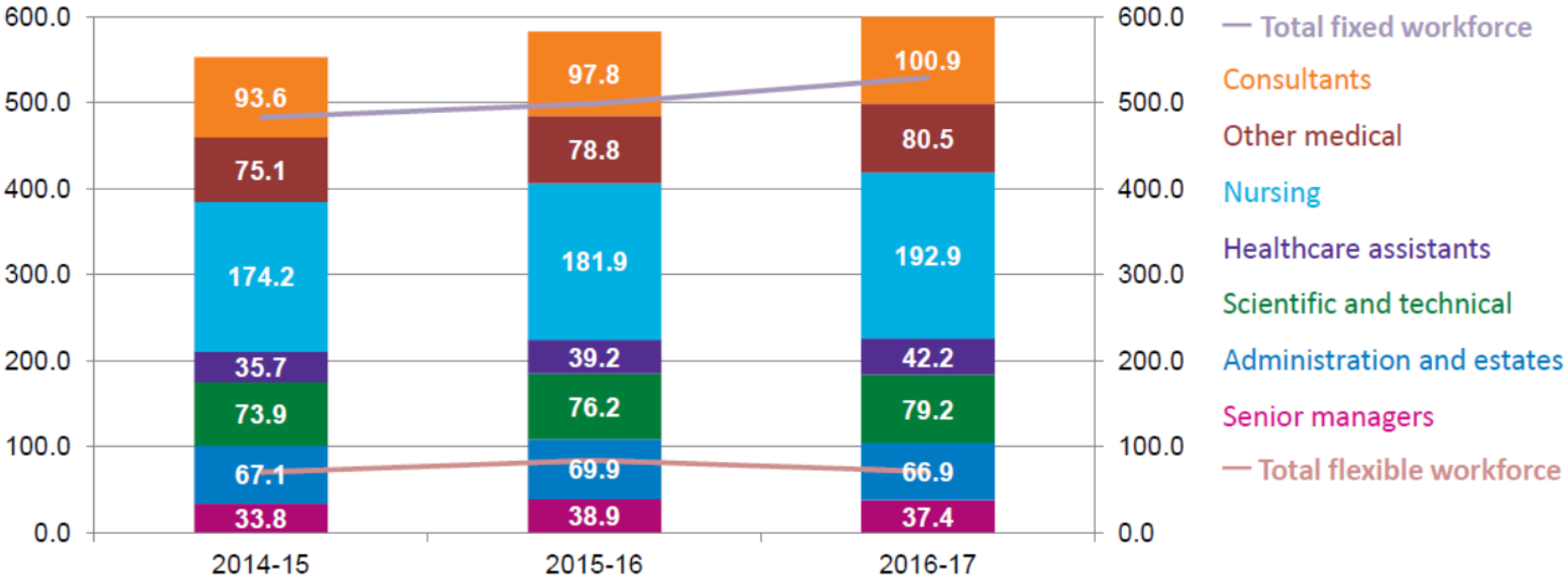
Q1d) What is the timeline for improving or rendering obsolete technology that can be economically improved?

A) During 2016/17, Imperial College Healthcare invested a total of £6.1 million in Information, Communications & Technology (ICT) infrastructure. We are one of 16 acute Trusts that have been nominated Global Digital Exemplars with a commitment to drive digital innovation for our patients

Q1e) What are your plans for raising data standards to improve interoperability of the IT infrastructure?

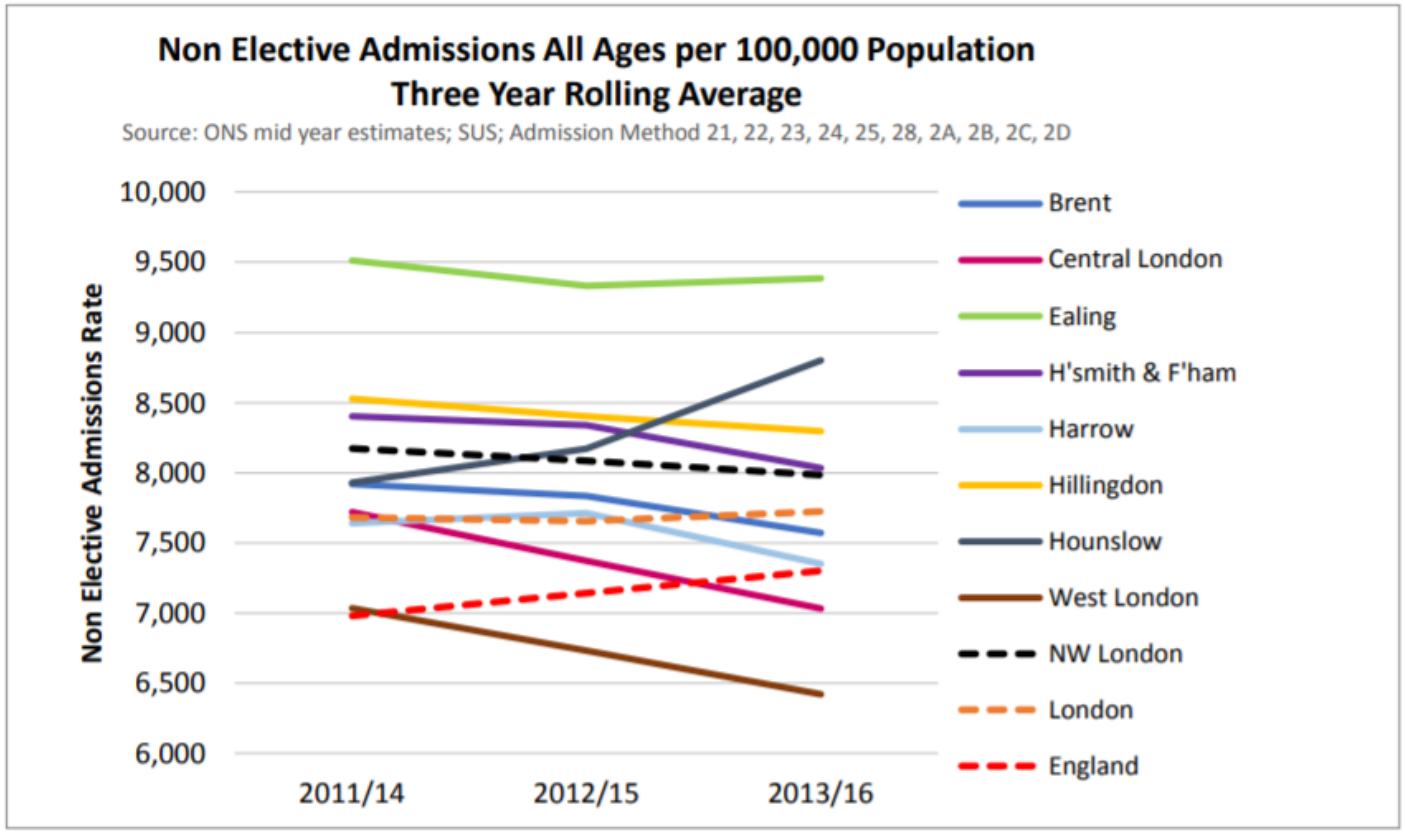
A) To most effectively share information between systems the data must be recorded in a structured way that is common to all systems. Snomed is the coding standard that is being adopted across the NHS to facilitate this and is being implemented across North West London.

2016/17 investing in staff (£m)



Appendix II

Figure 15: Non-elective admissions all ages per 100,000 population three year rolling average 2011/12 to 2015/16



Source: Strategic Outline Case (SOC) Part 1 – p.4

Appendix b – Survey

Questionnaire used to gather patients views and experiences, including demographics questions.

Tell us your experience to help shape the future of Charing

healthwatch Central West London

Healthwatch wants to learn more about your experience of using Charing Cross hospital and your views on the future on the hospital.

Your Postcode:

1. Why are you at the hospital today? Please tick ONE option or tell us more by writing in 'other'.

Patient ☐ Visitor ☐ Carer ☐

Other, please specify:

2. Which service are you visiting today?

Name of service:

3. How long did you have to wait to get a hospital appointment?

4. How satisfied are you with your visit? Please select the option that applies most by ticking the box in each line.

	Extremely satisfied	Very satisfied	Satisfied	Not satisfied	Not at all satisfied
How long I had to wait to be seen					
How far I had to travel					
The treatment I received					
The communication from staff					

Tell us more

Comment:

5. If the service you used today was available closer to your home in a different setting (for example at your GP practice) would you be happy to receive it there instead of Charing Cross Hospital? Please tick.

Yes ☐ Maybe ☐ No ☐

Please tell us more about why you made this choice:

6. Please tell us what is important about Charing Cross Hospital for you? Please select all that apply and use the comment box if you wish to tell us more.

A&E Department ☐ Urgent Care Centre ☐

Inpatient services (this is when you have to say in the hospital for a night or more) ☐

Outpatient services (this is when you visit a service but don't have to spend the night in) ☐

Charing Cross Hospital is an important part of my local community ☐

Charing Cross Hospital is not important to me ☐

Please tell us more about your choice/s

7. The NHS and Imperial Trust that run Charing Cross Hospital said that there are no plans to make any major changes at least until 2021. Plans are for "Charing Cross to evolve to become a new type of local hospital". They described a 'local hospital' as: ***"a type of hospital that provides all the most common things people need hospitals for, such as less severe injuries and less severe urgent care, nonlife threatening illnesses, care for most long-term conditions such as diabetes and asthma, and diagnostic services. It basically provides the kinds of services that more people going to hospital in North West London currently go there for."***

Do you feel that your health needs, and those of others in your local area, will be fully met by Charing Cross becoming a local hospital as described above?

Yes ☐ Maybe ☐ No ☐

Comment:

8. Would you like there to be opportunities for you to be involved in future plans for Charing Cross Hospital?

Yes ☐ Maybe ☐ No ☐

Demographics Monitoring

This section asks questions about you. The data you share with us will not be used to personally identify you, and will not be passed on to anyone else. **It is optional to complete this page.**

What is your age? (please circle)

0-15 16-25 26-45 46-59 60-74 75+

To which gender do you most identify with?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other: _____
- ☐ Prefer not to say

What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Heterosexual
- ☐ Other: _____
- ☐ Prefer not to say

To which ethnicity do you most identify with?

- ☐ White British
- ☐ Black British
- ☐ Asian British
- ☐ Other non-white British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ White & Asian
- ☐ White & Black African
- ☐ White & Black Caribbean
- ☐ Any other mixed/multiple ethnic background, please describe
- ☐ African
- ☐ Caribbean
- ☐ Indian
- ☐ Pakistan
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, please describe
- ☐ Arab

Please describe: _____

Do you consider yourself to have a disability? (please circle) Yes / No

Do you consider yourself to have a long term health condition? (please circle) Yes / No

Do you look after someone? (please circle) Yes / No

If you wish to be kept up to date from Healthwatch please leave us your contact details and we will add you to our mailing list. Your details will be kept separate from your answers. We can also arrange a face to face or phone call interview with you if you wish to tell us more about your Charing Cross views and experiences. Please tick all that apply.

I would like to be added to the Healthwatch Central West London mailing list ☐

I would like to tell you more about my views and experience of Charing Cross Hospital ☐

Name:

Email:

Telephone:

Address:

Postcode:

Borough:

Appendix c – All patient's comments on "Local Hospital"

All comments received by patients in response to question 7 (See Appendix b).

- The explanation is rubbish: not accurate, not informative
- We need all facilitates under one roof
- We need this hospital as it is with all it's services and especially A&E
- It should stay exactly like it is because it is an asset to this neighbourhood and other boroughs.
- Very vague, don't know
- I will decide when plans are ratified. Things will change to meet changing needs and funding.
- I am not sufficiently qualified to know if this is a good description/plan.
- This is an excellent hospital. Keep it that way.
- The hospital should remain as it is.
- We need this Hospital, as I need most my consultants in one hospital.
- Charing Cross is a fine hospital. However, this is not our local hospital, so we don't feel qualified to comment on future needs.
- This hospital has major units to treat specific things and its saves so many people lives a day
- I live nearby and I used this hospital on many occasions. I want this hospital to carry on serving people of the UK
- I do not know if I do not know what local hospital is
- very close by, it meets our requirements as family
- Very important to keep services at Charing Cross Hospital and excellent staff
- A question in the future. It's a manufactured expression of cottage hospitals.
- Yes, As long as they don't turn it into hotels/flats
- Not sure I like the idea of a local hospital in general
- Yes, but I have a more local A&E at ST Georges
- We need more help
- I do not know what 'local hospital' services entail/include.
- Very vague

- I'm happy with the services I receive here and prefer it to stay as it is.
- What about cancer? What about operations?
- It is a very vague statement. We need A&E, we need a cardiovascular ward, breast screening. As we live longer and develop more illness in later life we need a hospital to care for us.
- Charing Cross should stay the way it is currently. There is a huge influx of people coming to live in the Borough. I personally umbellic tied to dialysis unit there.
- I am happy with my hospital and the service I get from.
- I had oncology and breast reconstruction at Charing Cross. I benefited from having experienced specialist plastic surgeons here.
- The facilities of the hospital is essential for the local communities.
- The history and the medical standards and training at Charing X would not support this
- It's not really clear what local hospital means; could be a bad or good thing.
- As we get older we may need more specific treatment and therefore travelling far from home will become difficult and expensive.
- "Local" suggests routine problems. Most people recognise Charing Cross as a centre of excellence.
- It has specialist departments which will be a shame to lose
- A cottage hospital by another name is inadequate to the current needs of the catchment area, people get really sick and need expert care. As if they would pay any attention (for involvement)
- IF what they say comes to fruition then it would be great.
- Please do not close vital services like A&E and the specialist cancer services
- I don't understand.
- They want to change it into a clinic. That's how it sounds. What are they going to do with emergencies?
- Leave it as it is.
- The halfway house described above is no good to patients and staff. This hospital should remain as a fully functional unit.
- It would be a shame to lose the excellent full service.
- As long as it stays as it is.
- Why would they do that/

- Concerned about A&E/more serious incidents.
- This area need a full hospital. Number of people in hospital is growing. We need hospital in this area.
- When something is successful don't change it.
- Will they do the screening? If yes, it will be ok. It is longer to go to Hammersmith.
- That would be useless for me. I use it for urgent health needs
- Every hospital needs A&E
- Leave things as they are!
- I had knee surgery and it was good. Every service is very good. I would like to keep it as it is. 12/4/2017 11:34 AM
- Leave the hospital the way it is. All my family coming here, it has good reputation. Why change?
- Are they keeping A&E?
- We need A&E, it is very important for this area
- I have kidney condition which requires a center with specialists
- Being leaders in the field in a specialist capacity must also be important?
- Less is WORSE for patients
- We need to have maternity, hart, strokes
- Where all the specialist can move to?
- It would be a real shame to be without the hospital, it would be greatly missed.
- They should continue to do operations, always seem brilliant. I don't quite understand. That could be a gray area.
- It is not clear if this new hospital will have my specialists
- The proposal to change to a local hospital is very disappointing. It is our local hospital and we need urgent care including A&E.
- I am happy if they add services. It's very important to keep the facilities that they have, because I already need to come from Harrow.
- It is important to have all the services
- We need more information
- I want present facilities to continue

- Absolute rubbish. They should not be allowed. It is a major hospital for the community. Leave it alone. Disgraceful! I paid for 45 years. It's a government plan to privatize NHS-leave it alone!
- I like it as it is now. We need urgent care places.
- No, it will not be a good idea becoming a local hospital. This hospital should stay as it is.
- What about cancer?
- It depends if other hospitals gave these services. We need all the facilities here.
- I don't really know
- What about Maggie and the treatment for cancer that people come all over the country for? Where are they supposed to go?!
- Need specialized input at times. Links with others need to result in a smooth transition.
- I cannot answer this question because my "local" A&E is at Kensington and Chelsea Hospital.
- I need Charing Cross Hospital to provide all the services of a big hospital.
- Better to keep it the way it is now.
- They should take care of the building and the staff because they work hard.
- This is an important hospital in the area which is very busy and big population, and close to transport links that is more accessible.
- If there are alternatives nearby for the services that are going to be moved then it's fine. But if those services are too far then it's not fine.
- With respect, don't trust what I have heard to date. Cost Cutting thinly veiled as transformation.
- This is my first referral to CXH ENT (recommended by A&E Register at CWH), so I don't have enough experience/exposure to CXH to comment further.
- I think the oncology department is vital.
- Don't know enough about the proposed changes.
- This is a general hospital and the only other nearest hospital is St Mary's (Paddington).
- I would expect to visit whichever Imperial hospital has a neurology clinic.
- We cannot tell what re-arrangements of services across the Trust may happen. Thereby keeping urgent care etc accessible in the area.
- More focus on elderly care

- Services such as cancer diagnosis and treatment will apparently no longer be available
- The statement above appears to imply a scaling down of service to exclude the most services of most urgent conditions.
- Urgent care and A&E must be local! The world being urgent.
- I have no idea what the blurb cited above actually means in real terms. Generally, I think the hospital should serve the needs of the community and there's no need to get clever about it.
- This Would mean travelling to St Marys or Charing Cross on a more regular basis, which is not always possible or practical for all.
- There are very few A&E units in the area. Long queues at Chelsea and Westminster. It has world class cancer care and is a vital teaching hospital.
- Stop cutting hospital services in West London.
- Read it, says no-urgent. It should have an A&E at all times. Sounds like the care is going to be reduced.

8. Contact Us

Get in Touch

Healthwatch Central West London
5.22 Grand Union Studios
332 Ladbroke Grove
London, W10 5AD

Website: www.healthwatchcwl.co.uk

Email: info@healthwatchcentralwestlondon.org

Phone: 020 8968 7049

Social

Twitter: @healthwatchcwl

Facebook: www.facebook.com/HWCWL

Instagram: @healthwatchcwl

LinkedIn: Healthwatch Central West London

This report is going to be published on the 20th February and has been shared with Hammersmith & Fulham Health, Adult Social Care and Social Inclusion Policy and Accountability Committee (PAC), North West London Collaborative of Clinical Commissioning Groups, Hammersmith & Fulham Clinical Commissioning Group, Imperial College Healthcare NHS Trust, the London Borough of Hammersmith & Fulham Council, Save Our Hospitals, the Care Quality Commission, local Healthwatchs in North West London, and Healthwatch England.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Central West London 2018